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MA DISSERTATION: MA PHILOSOPHY (HPPH7014)

COGNITIVE THEORIES OF PHILOSOPHY OF EMOTION AND
COGNITIVE-BASED THERAPIES

Alison Woolf

Student No: 2211511

Supervisor: Rebekah Humphries

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Master's Degrees by Examination and Dissertation

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ABSTRACT

Cognitive Theories of Philosophy of Emotion and Cognitive-Based Therapies.

Cognitive Behaviour Therapy (CBT) is a popular form of contemporary psychotherapy used widely within both private practice and the National Health Service in the United Kingdom. It rests on the principle that our thoughts influence, or cause, our emotions and thus our behaviour, and that the key therapeutic intervention when there is underlying emotional disturbance is the modification of these associated thought processes. Albert Ellis and Aaron Beck were the early 'pioneers' of this cognitive-based therapy and Ellis, in particular, claimed to be inspired by Stoic philosophy, which similarly maintains that cognition and emotion are closely linked. This dissertation explores these claims plus the similarities and differences between modern cognitive-based psychotherapies, Stoic philosophy and contemporary cognitive theories of philosophy of emotion.

Chapter 1 looks at the underlying premises and practice of cognitive-based therapies plus some basic philosophical considerations. In Chapter 2, Stoic philosophy and its view of the emotions is examined and how this relates to cognitive-based therapies. Chapter 3 investigates key aspects of contemporary cognitive theories of emotion, such as intentionality and emotions as judgements of value, as proposed by Robert Solomon and Martha Nussbaum, and compares them with those of cognitive-based therapies.

The dissertation concludes that the extent to which Ellis was influenced by Stoic philosophy, rather than other philosophies and views on cognitive therapies around at the time, is unclear. Whilst there are many similarities with Stoic theory and practice, especially the later Stoics, there are also differences between it and contemporary therapy which stem from differing cosmological perspectives and these may affect how some Stoic exhortations are perceived today. There are also differences in how 'causation' is viewed from a philosophical standpoint, and whether cognition is causative of emotion or constitutive of it. Finally, the emphasis on language and beliefs, especially of a propositional nature, may hamper the detection and disclosure of emotions between client and therapist.

INTRODUCTION

Philosophy of emotion is a very broad subject and has gained increasing recognition as a definitive branch of philosophy over the last 60 years or so. However, it can be seen as a thread running through the history of Western philosophy since the time of the Ancient Greeks and particularly related to Moral Philosophy. Philosophers have formed their own theories of emotion - or the 'passions' - along the way, including Aristotle and Aquinas, Descartes and Hume, Heidegger and Sartre. Not surprisingly, the increasing recognition of philosophy of emotion as a more defined subject area has coincided with the ongoing interest in and findings of psychology and neuroscience plus the development of 'new' models of psychotherapy, although as I intend to demonstrate, some of more the recent developments in the field of therapy can be traced back to the Ancients. This parallel development is no accident: philosophy, science and their practical applications are interdependent: informing, inspiring and potentially informing each other. As Bertrand Russell states in the introduction to History of Western Philosophy, "the circumstances of men's lives do much to determine their philosophy, but, conversely, their philosophy does much to determine their circumstances." (2004, p.2).

Philosophy of Emotion encompasses a spectrum of theories ranging from those termed 'cognitive' that emphasise the role of thought, reason, judgement and intentionality and as such are within our control (Stoics, Robert Solomon, Martha Nussbaum) to those that view emotions as feelings, predominantly physically based, which are presumed to be driven by our animal instincts and bodily reactions with a tendency to overwhelm us and render us powerless (Descartes, William James). In more recent years, there has been a move to a more integrated approach such as that of Peter Goldie, who claims that emotions are 'feelings towards' something or other (2004, p.92). This view recognises that to categorise emotions as thoughts goes against our instincts that there is something very experiential and bodily about emotions whilst preserving their directedness towards an object (Solomon 2004, pp.91-92). There are, of course, many variations on these themes as this philosophical area continues to evolve.

This dissertation seeks to explore the cognitive side of the philosophy of emotion and how this relates to cognitive based psychotherapies such as the Rational Emotive Behavioural Therapy (REBT) of Albert Ellis and the Cognitive Therapy – now better known as Cognitive Behavioural Therapy (CBT) - of Aaron Beck. Specifically, I will consider the claims of Ellis, and to a lesser extent Beck, that their mode of therapy is directly inspired by Stoic Philosophy, and what this ancient teaching and practice says about the emotions. I will also consider how cognitive based therapies align with more contemporary cognitive-based theories of emotion generally.

Aims:

The overall aim of this dissertation is to explore the relation of cognitive-based psychotherapies with cognitive-based theories of philosophy of emotion. It will meet these aims through an exploration of answers to the following research questions:

- 1) Are Ellis and Beck's claims that their versions of cognitive-based therapy are based on the Stoic model supported in their writings?**
- 2) How closely do cognitive-based therapies align with Stoicism?**
- 3) Do cognitive-based therapies align with contemporary cognitive-based theories of emotion?**

CHAPTER 1

Cognitive-based therapy and some basic philosophical considerations

Cognitive-based therapy (1) is a broad term I shall use in this dissertation to cover a range of psychological treatments that emphasise the role of cognition in how we relate to the world, how negative thoughts and beliefs can impact our emotions and behaviour, and how challenging them can help a range of mental health conditions including anxiety and depression. It is best known in the Western world in the form of CBT, or Cognitive Behavioural Therapy, which has become one of the mainstays of psychological intervention in the UK within the NHS and private sector. Clinical trials demonstrate its effectiveness over a wide range of psychological conditions, including depression and anxiety (Hoffman et al, 2013). It also has the advantage of being cost effective as it can be conducted over fewer sessions than some other therapies and can also be managed online with or without supervision; this undoubtedly contributes to its appeal for cash-limited and oversubscribed organisations.

History and alleged links with Stoic philosophy

The two individuals most associated with the development of cognitive-based therapy are Albert Ellis (1913–2007) and Aaron Beck (1921–2021). Ellis devised Rational Therapy (RT) in the 1950's, later renamed Rational Emotive Therapy (RET), to acknowledge the role of emotions, and Beck developed Cognitive Therapy (CT). As they evolved, both forms of therapy incorporated aspects of behavioural therapy, RT/RET becoming Rational Emotive Behavioural Therapy (REBT) and CT becoming Cognitive Behaviour Therapy (CBT). Both psychotherapists claim their theories of how cognition affects mental health are linked to Stoic philosophy, though this is more notable in the case of Ellis whose Rational Therapy was in part inspired by his general interest in philosophy as well as his empirical observations. This can be seen *Rational Emotive Behaviour Therapy* (Ellis & MacLaren, 2005) where he states, "I had always been interested in philosophy, especially the philosophy of human happiness...So I re-read many of the ancient and modern philosophers to help me

come up with the answers to these important questions.” (p.9). He claims, “much of the theory of REBT was derived from philosophy rather than psychology” (p.16) and cites modern and postmodern philosophy as his influences including constructivist and existentialist theories (p.13-16). In the earlier publication, *Reason and Emotion in Psychotherapy*, he writes that the principle behind RT “was originally discovered and stated by the ancient Stoic philosophers” (Ellis, 1962, p.54), although his further references to this are limited and are mainly based around the later Stoics such as Epictetus. Beck’s Cognitive Therapy claims to be based primarily on empirical evidence gathered within his practice, although he acknowledges a Stoic basis for his ideas. In his book, *Cognitive Therapy and the Emotional Disorders*, Beck acknowledges that “the philosophical underpinnings of this approach go back...certainly to the time of the Stoics” (1976, p.3). His daughter, Judith Beck, writes in her later publication, *Introduction to Cognitive Behaviour Therapy*, “Beck drew on multiple sources when he developed this form of Psychotherapy, including early philosophers, such as Epictetus” (2021, p.3). Donald Robertson notes that even though Beck “does not seem to have engaged further with the Stoic’s philosophical views” there are “scattered additional quotations from Stoic and Stoic-influenced authors throughout” (2020, p.19).

Beck further claims “A fundamental difference between the two is that REBT is a philosophically based psychotherapy and CT is an empirically based psychotherapy.” (Padesky and Beck, 2003, p.211), although Ellis responds by pointing out that it was his initial empirical observations of both his own mental processes and the suboptimal responses of his clients to conventional psychotherapy that prompted him to revisit more philosophical considerations, and “REBT is also, from its beginnings until today, very empirical, devoted to the scientific method; it checks its theories and hypothesis with empirical analysis and experimentation.” He maintains that both their therapies, “like practically all other therapies, are philosophically *and* empirically based systems” (Ellis, 2005, p.184). He also cites early evidence that clients treated with RT show “distinct or considerable improvement” over those treated with more conventional psychotherapy (Ellis, 1962, p.38).

Ellis acknowledges that, as well as the Ancients, other more contemporary ideas had laid some of the groundwork for RT, it being “previously or concurrently formulated by many philosophers, psychologists, and other social thinkers, as well as by a number of other modern therapists trained in widely differing psychoanalytic and non-psychoanalytic schools”, though he maintains that most of his own ideas had been “independently constructed” (Ellis, 1962, p.35). One such influence was Alfred Adler (1870-1937), initially a follower of Freud, who departed from classical psychoanalytic teachings with his ‘individual psychology’ that places a patient within the social and family environment and whose “goal is to help patients overcome discouraging beliefs and modify behavior that aligns with constructive perspectives.” (Cedeno & Torrico, 2024)

Ellis himself was trained in classical psychoanalysis but became dissatisfied with the results of using this approach with his clients and the considerable time and commitment required, along with what he increasingly perceived as the inadequacy of psychoanalytic theory to meet the needs of his clients (Ellis, 1962, pp.8-10). Beck also originally trained as a psychoanalyst and was influenced by the same contemporary theorists, including Adler. When he found that the data he was collecting on depressed patients did not support psychoanalytic theory, he turned to cognitive theory as a “conceptual model and therapy” for depression, expanding this over time to cover other psychological problems (Padesky and Beck, 2003, p.213).

Basic principles of cognitive-based therapy

Cognitive-based therapy “is concerned with the thinking and reasoning aspects of a person’s experience” and how “anxious and depressed clients contribute to their own problems through faulty, or destructive, thought processes and preoccupations.” (Hough, 2021, pp.262-263). It considers thoughts and beliefs, occurring as a reaction to external events, as having some form of causal relationship with emotion and behaviour. This tends to involve a ‘separation’ of cognitive processes from emotions and behaviour, which as a therapeutic strategy is useful as it enables the therapist to facilitate beneficial emotional and behavioural change by discerning their clients’ unhelpful beliefs and modifying them into something more constructive, or as

Christine Padesky and Aaron Beck state, “cognitive theory proposes that cognitions mediate all change efforts.” (2003, p.218). From a philosophical and neurobiological perspective this may seem rather simplistic but therapeutic models need to be readily understandable if they are to be assimilated by therapists of varying expertise and by the lay person, or patient/client. Indeed, the more these therapies have been adopted for widespread use amongst the general public, the more they have become simplified, which “tends to accentuate a false picture of psychological separatism” (Roberston, 2020, p.105, quoting Dryden and Ellis, 2001). However, Ellis did emphasise the importance of all three components of human experience – cognitive, emotional and behavioural - in the eventual title of his approach i.e. Rational Emotive Behavioural Therapy (Hough, 2021, p.264), and Beck’s Cognitive Therapy became Cognitive Behavioural Therapy. Indeed, both REBT and CBT incorporate behavioural techniques alongside cognitive strategies, e.g. exposure therapy for phobias, setting ‘homework’, and positive reinforcement. Both forms of therapy recognise the inseparable links and blurred boundaries that exist between cognitions, emotions and behaviour; to some extent, the apparent ‘separation’ and reification of these components is due to the external imposition of a model to facilitate therapy. As Ellis writes in 1991, “I fully realized how complex cognitions, emotions, and behaviors are and how they inevitably include and interact with each other”, and therapy must recognise this in the way it uses and integrates different intellectual, affective and action techniques (p.139).

Ellis summarised his approach in the ‘A-B-C Theory of Emotional Disturbance’ where:

A → B → C

A = **Activating** experience

B = Irrational **Beliefs** about the experience

C = Upsetting emotional and behavioural **Consequences**

There also follows stages D and E where:

D = **Disputing** of irrational ideas

E = New **Emotional** and behavioural consequences or **Effect**

(Ellis & MacLaren, 2005, p.41)

Taking the ABC of the sequence, Ellis points out that each component has reciprocal influence on the others, so the dynamic is more like the following:

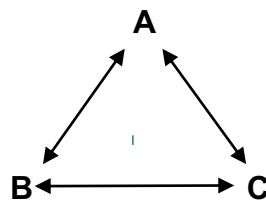


Figure 1 (from Ellis & MacClaren, p.42)

Here, the interaction between the different factors is bi-directional. Beliefs, B, may not always be irrational but when they are, they can lead to emotional and behavioural disturbance, C. These 'Irrational Beliefs' for Ellis were key in the development of psychological problems and could include beliefs acquired in childhood that were either wrong, misguided or no longer of use, such as the need to please a parent or authority figure. He also included what he termed "musturbatory Irrational Beliefs" or a list of 'musts' and 'shoulds', such as: "I absolutely must under all conditions do important tasks well and be approved of by significant others or else I am an inadequate and unlovable person" (Ellis & MacLaren, 2005, p.32,33). Trying to fulfil such impossible standards leads to feelings of inadequacy with consequent anxiety and/or depression and unhelpful behavioural compensations such as apathy or perfectionism. These irrational beliefs form a client's core philosophy and are the basis for what Ellis terms "self-talk", or one's internal dialogue. By discerning and challenging these irrational beliefs, clients can begin to change this self-talk and thus the way they feel and ultimately behave.

Beck's approach was very similar though with different terminology. He emphasised "core beliefs" or "central ideas about the self, others, and the world" (Beck, 2021, p.283), which stem from early childhood and are deeply embedded and accepted as true, and "schemas" which are "cognitive structures' containing the core beliefs." (Hough, 2021, p.277). He also talks of "automatic thoughts" of which the client will often be unaware and "occur so rapidly that they tend to go unchallenged or unquestioned." (p.277). One's automatic thoughts will tend to arise from the core beliefs, such as in the example above where a core belief of having to do things perfectly to be a worthy person can lead to the automatic thought of 'I'm no good' every time one does not complete a task to an unnecessarily high standard. If these

beliefs and thoughts can be discerned, they can be challenged and modified with positive effects on emotions and behaviour.

Some basic philosophical considerations

There are two aspects I will look at under this section: one is the apparent 'causative' role of thoughts and beliefs in cognitive-based therapies; the other is the use of language in expressing cognitive states.

Causation:

The popular CBT 'mantra', particularly in self-help books, tends to read 'a thought causes an emotion', as though there is a direct one way-relationship between the two, although the actual terminology tends to be less specific and use terms such as 'produce', 'lead to', 'influence' or 'consequence of', potentially giving much the same impression. As we have seen, a closer look does lead to a more nuanced view such as describing the reciprocity involved between the different components and indicating a more complex relationship, but from a therapeutic perspective, the simple 'cause and effect' model is easy to understand. Michael McEachrane, when looking at CBT (2) from a philosophical and largely Wittgensteinian perspective, takes this 'cause and effect' relationship as a first premise of CBT, interpreting Ellis's C for 'consequence' to mean "emotional disturbances are caused by beliefs" (2009, p.81). This interpretation is also applied to Beck who writes, "the special meaning of an event determines the emotional response" (1976, p.52).

However, the causation model, whether from the perspective of philosophy, physics, psychology or socioeconomics, has many areas of debate and disagreement. In the case of cognitive-based therapy, such detailed discussions about causation are of limited relevance and it is perhaps appropriate that terminology in this area is fluid and at times rather vague, and that arrows are so multidirectional as to discombobulate any passing philosopher (Fig. 2), as this represents the muddle that is human existence, especially where emotions are concerned.

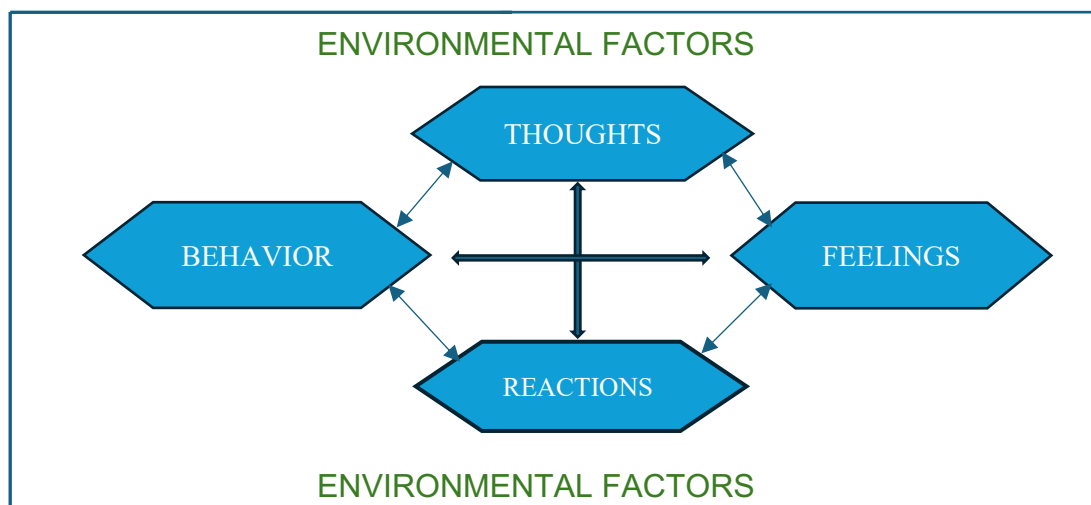


Figure 2 (from David, 2013, p.17) [*Reaction = Physical Reactions and symptoms*]

It is tempting to leave it there, but some consideration should be given to what is meant by ‘causation’ in a more philosophical sense and some of the inherent difficulties this poses in relation to human cognition and emotion. Take necessary and sufficient causes, for instance:

- i) A belief *b* is necessary for an emotion *e*. This implies there may be another factor or factors at play for the development of *e*.
- ii) A belief *b* is sufficient for an emotion *e*. There are no other factors required for the development of *e*.

That *b* is sufficient for *e* in ii) tends to be the working model within cognitive-based therapy: if the thought that occurs at the time can be discovered, which is indicative of the belief (3), then the cause-effect link can be analysed and by changing the belief, the emotion can be modified. In practice there may be many beliefs underlying the emotion and more than one underlying core/irrational belief, but even if *b* is in the plural, it does not change the assumption that one only needs to discover a person’s thoughts/beliefs to effect therapy. That *b* is necessary for an emotion in i) raises the prospect of other non-belief factors being present as well, such as sensory perceptions, physical symptoms and automatic responses (e.g. ‘fight, flight or freeze’) and these may well be considered by the therapist, especially one who

practises a more integrated approach, so that the question 'how were you feeling at the time?' may be as important as 'what were you thinking?'

It is worth noting that Ellis does not hold that thinking is the only route to emotion: he acknowledges the role of our sensory and autonomic systems in monitoring the external and internal environment, and the contribution of memory, but he stresses the importance of cognition from a therapeutic perspective as he believed that his Rational Therapy was more effective than other psychotherapies that utilised these other aspects. He admits to "one-sidedly emphasis(ing) rational techniques, whilst admitting the possible efficacy of other legitimate means of affecting disordered emotions" (1962, pp.39-41).

When considering causation, one cannot ignore David Hume's scepticism regarding any real link between cause and effect other than "the constant experienced association" of two kinds of events which "set up in our minds a habitual connection between our ideas of the two events" (2017 [1748], p.39). However, even if cause and effect is a result of us making connections between events that occur together regularly, mental processes are not like billiard balls: a thought of having been wronged may lead to anger in one person and sadness in another, or anger and sadness in the same person at different times. This applies to both type and token causes and effects (Gallow, 2022): types may be useful when considering human emotions generally – what sort of thought might lead to what sort of emotion - but for the individual, token thoughts and their associated token emotions are more relevant when it comes to cognitive-based therapy and understanding a client's difficulties. However, these may not always be consistent or predictable. Even so, there is perhaps some therapeutic benefit in such considerations, provided one is wary of making too many assumptions.

J.S. Mill, similarly to Hume, believed "There is nothing in causation but invariable, certain, and unconditional sequence." In addition, he claims for any one effect there may be a multiplicity of causes operating: "The real Cause is the whole of these antecedents; and we have, philosophically speaking, no right to give the name of Cause to one of them, exclusively of the others." (Mill, 1854, pp. 85,86). As Alex Broadbent comments, "He expanded the definition of 'cause' to include the

enormousness that suffices for the effect” and if one takes all the prevailing conditions and considerations into account (the causes) then one will inevitably get a particular result (effect). He gives the example of shooting the president where it is “the entirety of things that were in place, including the shot, such that this entirety of things is sufficient for the president’s death.” This may include wind speed and direction, distance from the target, experience of the gunman etc and if all these occur in a certain way, the outcome is inevitable. (Broadbent, no date). For a person in therapy this might translate into a particular combination of occurrences in their past life, current bio-psycho-social status, their environment and a specific event or sequence of events that all act to stimulate a particular thought leading to a specific emotion, and if the same sequence were to happen again, the same emotion would be produced. This does have the advantage of looking at a person holistically to understand them better but it is beginning to sound rather deterministic: mental processes do not seem on a par in their predictability with that of the presidential assassination attempt just described (though deterministic neuroscientists may disagree) and such a theory of causation could frustrate agency and mitigate against change. (see Chapter 2 for discussion of determinism in Stoicism plus further considerations relating to causation in Chapter 3).

Language:

Whilst formulating his Rational Therapy, Ellis noted that humans are not as easily ‘conditioned’ by behavioural techniques as are animals and are prone to holding onto “their self-sabotaging fears and hostilities...their irrational ideas about themselves and others” even when it is clear such attitudes are detrimental to them. He concluded that this was largely due to them having “language and the symbol producing facility that goes with language” by which means they “are able to communicate with others and, perhaps more importantly (as far as neurosis and psychosis are concerned) with themselves” (1962, p.14). This is part of their “self-consciousness or thinking *about* thinking”, so rather than the simple attraction or avoidance activities that can condition animals, such as in Pavlov’s Dogs experiment, humans have the capacity for self-reflection (p.15). As well as being influenced by external stimuli in terms of pleasant or unpleasant sensations (e.g. pleasant food or electric shocks), humans can “also be rewarded or punished by all

kinds of symbolic, non-sensate processes, such as smiles, critical phrases, medals...And they can also be rewarded or punished by (their) *own* thinking, even when this thinking is largely divorced from outside reinforcement or penalties.” (p.16) Unlike dogs, a human being can “fear *imagined* or *defined*” situations as well as those actually present and is “not only a highly suggestible but an unusually *autosuggestible* animal.” (p.19). This leads to the afore mentioned “self-talk”, and how a person can continually reinforce his own thoughts, which may have come about through what he has been taught or experienced in childhood, by repetition - a form of self-indoctrination. To quote Ellis: “The very facility with language which enable them to be essentially human – to talk to others and talk to themselves – also enabled them to abuse this facility by talking utter nonsense to themselves” (p.21). Tackle the self-talk, which arises from these doggedly held but erroneous beliefs, and the script can be rewritten.

Returning to McEachrane (2009), he takes as a second premise of CBT that “emotion causing beliefs are mentally represented; primarily as ‘internal dialogues’...but also as mental images.” (p.81), based on Beck’s assertion that ‘the meaning (*of an event*) is encased in a cognition – a thought or an image.” (Beck, 1976, p.52). This relates to Beck’s automatic thoughts and Ellis’s self-talk, which McEachrane refers to as “emotional thoughts”, based on the underlying core beliefs or core philosophy. These may be expressed internally as sentences or statements, either tacitly or explicitly, or as Beck suggests, as mental images. However, in the process of cognitive-based therapy, the patient is encouraged to describe what was going through his mind at the time a particular emotion occurred (p.85), which obviously involves verbalising the thought to express it to the therapist and him/herself. Judith Beck, daughter of Aaron Beck, terms this process, “Identifying automatic thoughts” where she applies a dogged determination to have the client phrase all ideas, feelings, interpretations and experiences as thoughts mainly expressed in propositional sentences (2021, pp.210-237).

However, McEachrane takes issue with Ellis and Beck’s approach in that he claims:

- a) To think about something is different to having a thought about something. Thinking may “not necessarily mean that certain words, or even images, are before our own or someone else’s mind”; it is more “perceiving something a

certain way” (p.86). Having a thought, such as ‘having a thought that *p*, is propositional in nature and is more likely, as Robert Solomon suggests, to “involve words and the use of language, whether or not the thought is explicitly couched in words.” It is also more “episodic” whereas thinking is a “process” (2003a, p.182). For example, feeling that one is worthless after having failed an exam does not have to entail the thought ‘I am worthless’ but may be present more as a perception or experience of unworthiness, or as McEachrane puts it, “acting upon, reflecting upon, reacting to, *something (or someone) as being a certain way.*” (pp.87.88).

- b) McEachrane applies similar reasoning to beliefs, especially when ‘thought’ and ‘belief’ are used interchangeably. Here he states a belief is “misidentified”, as a proposition “and to assume that a belief *is* simply to entertain a proposition, and, thus, that without the proposition there is no belief.” But “this would be to confuse the linguistic expression of a belief - which is done in propositional form - with the belief itself.” (p.92). He maintains that beliefs are “more like an attitude than an activity of the mind”, such as hoping or expecting and more indicative of the way we take things to be; they are less like “some kind of internal representation like an image or self-talk.” (p.88).
- c) He understands CBT to assume that “it is thought that consists of what we tell ourselves...and that a belief can only be what we tell ourselves so long as it is a thought” (p.88), but according to b) this is not the case.
- d) In emphasising thoughts, “CBT treats any declarative expression of an emotion...as an emotionally constitutive belief” (p.88). i.e. one that comprises, causes or determines the emotional experience, whereas it may only be expressive or descriptive of an emotional experience e.g. CBT interprets ‘I feel worthless’ as ‘I think, and therefore must believe, I am worthless’ as a literal belief and the cause of the emotion rather than as an expression of the client’s experienced emotional state at that time (p.89).
- e) Encouraging clients to verbalise their thoughts, and thus their beliefs, in propositional form, may not be representative of what they were experiencing, or what they really think/believe.

Even though McEachrane admits that some of this may seem like “hair-splitting”, he maintains that how these objections are answered “may significantly change the therapeutic approach.” (p.85). He suggests that therapist and client should be less focussed on words and propositions but more on how the client “*take(s) something to be* or broadly speaking *perceive(s) something*”, though how this might work in practice is unclear, and clients “still have to find the words that accurately describe how they understand or see something” (pp.96-97). Ellis does refer to changing perception as well as thinking e.g. a client’s difficulties “may largely result from disordered perception and illogical thinking” and therapy proceeds by “reordering their perceptions and reorganizing their thinking so as to remove the basic cause of their difficulties” though it is unclear what distinction he makes between the two (Ellis, 1962, p.36). As already stated, Ellis accepts that there is a more complex interplay of modalities but that he does “one-sidedly emphasize rational techniques” for the purposes of RT (p.41).

‘Perception’, like ‘thought’ and ‘belief’ may well have different connotations depending on whether one is a philosopher or a therapist and this does again indicate some of the difficulties in comparing philosophy with therapeutic psychology. Also, if one looks for less language-based ways of trying to express emotional disturbance, one could undermine the very foundation on which cognitive-based therapy is formulated. However, despite what is likely to be seen by a therapist as too rigid an interpretation of the premises of cognitive therapy and unnecessary semantic nit-picking, McEachrane does have a point: trying to discover and verbally express the thoughts and beliefs behind feelings may inadvertently misrepresent what the client experiences and believes (see Chapter 3).

Summary

In summary, whereas REBT and CBT do claim to have philosophical underpinnings, subjecting their claims to more detailed philosophical analysis may be of limited benefit. Terminology tends to differ in meaning between the two disciplines making comparison challenging e.g. causation, belief, thought and perception, though these terms will even differ between philosophers and therapists within their own

disciplines. From a Wittgensteinian perspective, they use different ‘language games’ (Biletzki, 2021), or put another way, philosophy and psychology operate with different “discursive formations, networks of concepts and activities within which any particular concept gets its meaning and use.” (Still and Dryden, 1999, p.143). The aims of philosophy and therapy are also different – although one could argue that the ultimate goal of both is to discover how to live a better life - but there can still be useful insights gleaned by looking at cognitive based therapies through a philosophical lens. Finally, cognitive-based therapy with its emphasis on translating experience and cognition into language, particularly the language of belief, may not adequately or accurately represent what the client brings to therapy.

The next chapter continues this theme by looking at the Stoic basis, both theoretical and practical, for REBT and CBT.

Endnotes:

- (1) Cognitive-based therapy – as stated this is a term I shall use when referring to the group of therapies generally. The terms **CT (Cognitive Therapy)**, **CBT (Cognitive Behaviour Therapy)**, **RT (Rational Therapy)**, **RET (Rational Emotive Therapy)**, **REBT (Rational Emotive Behaviour Therapy)** will be used when referring to a specific therapy being discussed, or the stage of development of the therapy at the time of what is being referenced e.g. Albert Ellis’s book, *Reason and Emotion in Psychotherapy*, used in this dissertation is the 1962 edition, and in the early chapters he refers to ‘Rational Therapy’, though later he refers to ‘Rational-Emotive Therapy’. His later books e.g. *Rational Emotive Behaviour Therapy: A Therapist’s Guide* (1998, 2005), refers to REBT i.e. his more mature theory. Similarly, I have used Aaron Beck’s book, *Cognitive Therapy and the Emotional Disorders* (1991) whereas his later ideas matured into Cognitive Behaviour Therapy which is the more popular form in which cognitive-based therapies are known. The acronym CBT has also become rather generic in that it tends to cover the cognitive-based therapies as a blanket term. I will endeavour to be as accurate as I can to avoid confusion.
- (2) Michael McEachrane, in his paper “Capturing Emotional Thoughts: The Philosophy of Cognitive Behavioural Therapy” (2009), uses CBT, or Cognitive Behavioural Therapy, as a term that covers both Ellis’s Rational Emotive Behaviour Therapy (REBT) and Beck’s Cognitive Therapy (CT), but also includes CBT and ‘new wave’ or ‘third wave’ therapies such as Acceptance and Commitment Therapy (ACT) – see Endnote (3), Chapter 3. When discussing his paper, I will use the term CBT as he has done, which appears to be a ‘blanket term’ in this context, similar to the term ‘cognitive-based therapy’ which I have used in this dissertation, as described in (1).

- (3) Re belief: The words 'belief' and 'thought' as manifestations of cognition are used somewhat imprecisely and interchangeably in the therapeutic literature regarding cognitive-based therapies, but as the discussion regarding McEachrane's article later in the chapter will demonstrate, the concepts contained within them are not always clear and can be variably interpreted or misinterpreted e.g. the difference between thought and thinking, and whether beliefs are propositions. Robert Solomon explores the various interpretation of 'cognition' when applied to emotions in Chapter 11 of *Not Passions' Slave* (2003a, pp.178-194). As discussed in Chapter 3 of this dissertation, he prefers to conceive of the cognition involved in emotions as evaluative judgements, but other philosophers have, in addition to thoughts and beliefs, variably viewed them as 'seeing as', 'cognitive elements', 'cognitive structures', 'paradigm scenarios', and even 'perception', 'information' or 'knowledge' (p.180). For Solomon, "Belief has now become a catch-all term in cognitive science that specifies very little even while it suggests something very specific...it is too tightly tied to the logic of propositions" (p.184), whereas "thoughts are too episodic for emotions, which often turn out to be enduring processes rather than mere episodes." He even goes as far as to say, "thinking is clearly too cerebral, too explicit, to characterise most emotions." (p.182). These discussions often seem like "trying to get hold of conceptual jellyfish" (p.184), and despite the philosophical and definitional imprecision that may arise in the literature concerning cognitive-based therapies, for the therapist, sticking to a 'folk understanding' of such terms is preferable. As Dryden and Still suggest, trying to "use [concepts] interchangeably in two different discursive formations" is not always helpful and can lead to confusion (1998, p.82)

CHAPTER 2

Stoic Philosophy and practice and its relationship to cognitive-based therapy

We have seen how two of the main cognitive-based therapies have, to some degree, their roots in Stoic philosophy. In this chapter, I shall briefly outline the history of Stoicism and some of the key general points of Stoic philosophy, the latter being crucial to the understanding of the Stoic position on emotion. I will also expand further on how both the theory and practice of Stoicism relate to cognitive-based therapies.

A Brief History of Stoicism

The Stoic school was one of the Hellenistic schools of philosophy, the Hellenistic period extending from the end of the fourth century BCE to the first century CE; it was founded in Athens by Zeno of Citium around 300-310 BCE (Hadot, 2002, p.91). These schools emerged from the teachings of Socrates and the pre-Socratic philosophers and include Plato's Academy, Aristotle's Lyceum and those of the Epicurians, Cynics and Skeptics. The timeline of the school progresses with notable Stoics such as Chrysippus, head of the school from 230-207 BCE, dovetailing into the Roman era with Epictetus (died 135 BCE), Seneca (4 BCE-65 CE) and Marcus Aurelius (Roman Emperor from 161-180 CE). In between there is Cicero (106-43 BCE), a Roman statesman, lawyer and scholar who wasn't a Stoic, being of Plato's Academic School, but was influenced by and wrote extensively on Stoicism thus providing an important source of information about its teachings (Inwood, 2018, p.23).

The Stoic school spanned around 500 years, but the foundational writings of the early school available to us are limited to a collection of partial works, quotations, summaries and criticism (Inwood, 2018, p.10). In contrast, the works of Epictetus, Seneca and Marcus Aurelius are more intact and accessible, and these have tended to shape our understanding of Stoic philosophy and practice.

With any philosophical school of thought that spans a considerable time, along with all the cultural and political changes - in this case within the Greek and Roman empires - there will be development of doctrine along with inevitable controversies and divisions. Stoicism was no exception to this, especially in the early days e.g. Zeno's students "disagreed with each other significantly about their teacher's legacy" (Inwood, 2018, p.13), but there was a consistency that pervaded some of their key precepts, such as those "concerned with cosmic determinism and human freedom" (Russell, 2004, p.242) and moral theory in terms of the *telos*, or goal of life (Inwood, 2018, p.82), with the later Stoics tending to focus more on ethics.

An outline of Stoic philosophy - cosmology, determinism and moral theory

Stoic philosophy includes cosmology, determinism and moral theory. These aspects are interlinked and it is important to understand their basis and how they relate to each other to appreciate why the Stoics consider emotion in the way that they do.

Stoics were materialists; for them the universe was made up of physical matter as Zeno upheld the view that anything that has the capacity to act on a physical body or to be acted on by another physical body must itself be physical. Stoic materialism excluded a non-material soul which, by this reasoning, could also not act on a physical body, a problem Rene Descartes later famously encountered in his discussion of mind-body dualism and failed to resolve (1968, [1641], 6th Meditation). They did still maintain that the soul existed but was physical and thus able to act on the body and play a causal role. Even the Stoic's idea of God was bodily, being synonymous with Nature, or sometimes referred to as Zeus. This concept of God, being material, was not external to the cosmos but was "the productive, active, or 'creative' feature of the world, penetrating everywhere" and providing cohesion, order and rationality. (Inwood, 2018, p.42). The divine 'fiery breath', or *pneuma* – a mixture of fire and air - permeated throughout creation and "endow(ed) bodies with all the capacities needed for life, perception and voluntary movement." (Graver, 2009, p.19).

For the Stoics, Nature was rational, “the will for self-coherence...appear(ing) as a fundamental law within material reality, internal to each being and to the totality of beings.” All living beings share in this rationality in that they are “instinctively in tune with themselves; they strive to preserve themselves” and ultimately are part of a single system where everything is related to everything else, like a single living being existing in harmony with itself (Hadot, 2002, p.128). Human beings are endowed with a reason which is logical and ethical, not merely instinctive, and as this is mirrored in Nature, “Living in conformity with reason means living in conformity with Nature, or the universal Law” (p.129). But this implies that everything is causally linked, and any future events are the result the laws of nature together with what has hitherto occurred i.e. it is deterministic. Despite this, the Stoics took a compatibilist approach which preserved free will and moral choice (1).

Ancient philosophy, in the tradition of Socrates and the schools that emerged from his teachings, generally regarded ethics as being how to live a good life and achieve happiness, or *eudaimonia*, by aspiring to human excellence, or virtue as typified by the Platonic qualities of Prudence (wisdom), Justice (fairness), Fortitude (courage), and Temperance (self-control) (Plato, 2007, p.131. V.427e). Like Plato and Aristotle, the Stoics did not pursue virtue for individual gain but considered it as an end in itself, or its own reward. Nature functioned to produce the best, and only, possible world according to its principles of rationality, or as Hadot remarks, “It is the only cosmos, both possible and necessary, that Reason can produce” (2002, p.130), and repeated itself eternally in the same way after being consumed by the Divine Fire in an event known as the ‘conflagration’ (Inwood, 2018, p.43). This makes the universe potentially even more deterministic than modern scientific understanding suggests; everything is “part of a *coordinated* network of causes, effects, events, and objects, and that network is an expression of a master plan aimed at the best possible outcome.” (p.52). Human beings, as rational animals, are part of this whole and are predisposed to seek the good and have the capacity to do so, enabling them to become the best versions of themselves.

However, it is evident that we do not achieve this ideal and fall short of Nature’s expectations. It is true that we may strive for happiness, or the ‘good’, but are often misguided as to how we go about it, seeing happiness as a goal to achieve for our

own benefit even if it may be to the detriment of others. The Stoics believed that, despite the virtuous path Nature would have us follow, we still have the choice whether we take it, or as Margaret Graver states: “To say that we are rational creatures is to say that we are capable of reviewing and correcting our own beliefs, whether or not we do so in fact.” (2007, p.171)

Russell sums this up the Stoic position as follows:

“All things are parts of one single system, which is called Nature; the individual life is good when it is in harmony with Nature... *Virtue* consists in a *will* which is in agreement with nature... Since virtue resides in the will, everything really good or bad in a man’s life depends only upon himself.” (1996, p.243).

But isn’t someone’s decision whether to follow a virtuous path dependent on their genetic, biological, psychological and intellectual makeup; their social circumstances, the opportunities afforded to them etc; indeed, everything that has brought them to any point in their life where they are expected to make a supposedly autonomous decision? As Russell indicates, “if the world is completely deterministic, natural laws will decide whether I am virtuous or not.” (p.244).

This has grave implications for Stoic moral theory: if our inner dispositions are shaped by natural laws and prior events, i.e. our characters are pre-determined so that we are bound to act in particular ways, and the external forces acting on us are also subject to deterministic factors, how can we act in ways other than how we do? If this is so, how can we be deemed responsible for our actions and thus worthy of either blame or credit? This underpins what has been termed the ‘lazy argument’ (Frede 2003, p.202): if everything is decided by fate, what is the point of trying to change anything - why not just succumb to the inevitable? One of the best-known Stoic maxims oft quoted in cognitive-based therapies could be seen to reflect this attitude or at least promote a form of resigned wishful thinking: Epictetus advises, “Instead of wishing that things would happen as you’d like, wish that they would happen as they do, and then you’ll be content.” (2002, p.48. *Enchiridion* 8). But the Stoics were insistent that humans, endowed with a portion of divine reason, have the freedom to make choices and were morally responsible for their actions.

Chrysippus' analogy of a cylinder, as detailed by Cicero, attempted to resolve this compatibilist dilemma. Imagine a cylinder at the top of a hill; if pushed it will roll downwards in a straight line but if a cone is similarly set in motion, it will roll differently in a curve. (Inwood, 2018, p.52). This illustrates that there are both external and internal factors at play: external forces act on a body to initiate a response, but it is the composition of that body that determines what happens next. In the same way, external forces or circumstances may act on us, which we cannot help, but it is according to our own will, or decision, how we respond depending on our inner disposition. Or as Dorothea Frede maintains, "The Stoic justification consists in making the internal but not the external causes the principal causes of human actions." (2003, p.192)

But, if our natures are also determined by the overall cosmic plan, where does that leave us? As Inwood observes, "one might well wonder whether that preserves human freedom; agency might be safe, but it might seem to be a rather unfree sort of agency, barely worthy of the name." (p.53). Cicero tried to justify this through a complex discussion regarding different types of causation, which amounted to the conclusion that even though our personalities and inclinations may be predetermined, our decisions to act at any given time are not (Frede, 2003, p.188).

In practical terms, we do not think that we are free from all influences, past or present, and it makes sense to see ourselves as part of a universal whole in which our actions have consequences - that is part of the concept of agency. We accept how we might be influenced by our upbringing, our environment and our circumstances and at times we may use this to excuse our bad actions or blame our inertia; in the same way we may cite our abilities or good character to explain why something has gone well. But what we don't want to believe is that we have no say in the direction our lives take. We may not be free from preceding influences, but, as Robertson maintains, "My freedom *toward* the future is a different matter": we cannot change the past but can influence the immediate future. (2020, p.199). Anthony Gottlieb cites, in response to the 'lazy argument', the example of whether to call a doctor if one is unwell if one's 'fate' - recovery or death - is already sealed; but "for all you know your actions may be what swings it one way or another", they are not irrelevant (2016, p.330).

Another way of looking at the problem is to concede that humans do not know what the universal trajectory is or cannot see the 'big picture'. They can only usually see an incomplete series of preceding events, their apparent choices and the potential consequences and this may give them the perception of autonomy, but they are unable to travel forwards or backwards in time or take a 'God's eye view'. As Frede remarks, "In order to know whether a particular action will succeed, nothing short of the knowledge of the entire world order would suffice." (2003, p.204).

A similar consideration may be given to the 'problem of evil' that arises. If Nature, or God, can only proceed according to reason and create the best possible world, why is there so much misfortune, pain and tragedy? From our small, local perspective, it makes no sense but from the global perspective, it may do. Or as Frede again points out, "If humans knew more than they do about the causal network of which they are a part, they would understand the rationale for seemingly senseless personal tragedies." (2003, p.205). This lies behind the Stoic apparent passivity: they also believed in providence. Somewhere in the grand scheme of things, the divine reason, of which our reason partakes, is working for the overall, though not necessarily the individual, good.

Whether or not one accepts the Stoic compatibilist arguments for personal autonomy in a deterministic universe, accepting that this is what the Stoics believed is key to understanding their moral outlook and their attitude towards emotions.

Stoicism and Emotion

The characteristic view of Stoic emotions is that either they don't exist or have been ruthlessly suppressed, rather like the caricature of the British 'stiff upper lip', or "relentlessly rational but without a trace of emotion - like Mr Spock from Star Trek, only more so" (Inwood, 2018, p.84). From what we understand of the Stoic attitude towards virtue and fate, this could be considered both a stiffening of the moral sinews and a survival technique. As Frede remarks, "If compliance with fate is the bottom line of Stoic philosophy, what could be more reasonable than an unemotional

resignation to its ineluctable decrees?” (2003, p.178). Taking Epictetus’ advice, as previously quoted, to align one’s expectations to the inevitable course of events may indeed reduce one’s stress.

What do the Stoics consider an ‘emotion’? Solomon asserts that “the Stoics defended a bold philosophy in which the passions (2) were conceived of as *judgements*, judgements of assent or refusal to assent to the ‘first movements’ prompted by nature.” (2003b, p.12). But what are these “‘first movements’ prompted by nature”? Seneca writes, “the first movement is involuntary, like a preparation for emotion” (Roberston, 2020, p.92). It is the first instinctive response to something in the environment, after which cognition becomes involved, making a judgement as to how to act. If I acquiesce to this ‘first movement’, an emotion is generated, which for the Stoics was an “*excessive impulse... disobedient to reason in the sense of good reason.*” (Solomon, 2003, p.13). For example, somebody ‘cuts me up’ in traffic and this provokes feelings of anger in me. If left unchecked, I might sound the horn for far longer than is required to warn the irksome driver of my presence, make several rude gestures or tail gate him (or her) for the next three miles. But the Stoic exhorts me to stop and decide whether I am going to give into or resist these urges - whether I am going to give “assent or refusal” to my immediate reactions - based on a judgement which considers what is in keeping with how a wise and virtuous person should act.

This is also indicated by Hadot: “...the Stoics believed that the human passions correspond to a misuse of human discourse. In other words, they are the result of errors in judgement and reasoning.” (2004, p.135). The emotion is not the initial instinctive response; it is the ‘giving in’ to it, or as Seneca says in *On Anger*, “An emotion, then, does not consist in being moved by the appearance of things, but surrendering to them and following up this causal impulse.” (Farnsworth, 2018, p.165). Thus, I am ‘allowed’ my reflex reaction of anger (or surprise, or fear) towards the inconsiderate motorist as this is a natural response to threat, but not my subsequent harassing behaviour or malevolent brooding which could lead to further danger or corrode my virtuous disposition!

As Stoics were materialists, everything connected with emotions had a material basis. A portion of *pneuma*, that part of the divine life-giving and sustaining force that permeates throughout the natural world, exists as the *psuche*, or psyche, responsible for psychological functions (Graver, 2007, p.21). Today, we might call this 'mind'; others with a less material or more religious bent might refer to it as 'soul'. As a physical thing, it was receptive to physical stimuli but also capable of coordinating sensory input or perception with the necessary motor response. This "directive faculty" was located in the chest, presumably as that was where respiratory and cardiac activities – breathing and heartbeat – occurred and what was known at the time regarding the extending and branching nature of the vascular system (p.22). It was also noted that sensations associated with emotions were sometimes experienced in the chest e.g. Chrysippus describes anger as feeling like "something evaporating from the heart and blowing outwards towards the hands and face" (p.31), perhaps similar to the chest pains reported by anxious or distressed people. So, even though the Stoics gave cognitive aspects the most important position in the network of responses associated with emotion, they did not deny the physical effects that occurred but were concerned to try, with a timely judgement, to stop these disturbing activities before they took hold of the whole person with deleterious results. Or as Ward Farnsworth says, "the basic goal of the Stoic is to make such reactions no worse by the way we think about them" (2018, p.164).

However, the exact point at which the emotion occurs within the sequence of events was debated between Stoics: Graver suggests that Zeno identified the emotions with the psychophysiological changes, but Chrysippus maintained the emotions were simply "the judgements themselves". This distinction may not be as great as made out, as both maintain that having an emotion involves both components but "Chrysippus seeks to bring out more clearly what was already implied in Zeno's version: that it is the nature of the judgement that defines what sort of impulse has occurred." (2007, p.33). In addition, Arthur Still and Windy Dryden suggest that for Chrysippus, reason, emotion and desire "are not distinct faculties and they cannot be in opposition, since they are intrinsically related as part of a system." (1990, p.150)

But are all emotions bad for the Stoic? Graver explains that "not every experience which is called an 'emotion' in our language will necessarily fall within the extension

of the ancient terms” such as “awe, reverence, certain forms of joy and gladness”, which they termed *eupatheiai* and considered rational and good (2007, p.3-4). Christopher Gill describes these ‘good’ emotions as “characteristic of the experience of the normative wise person or ideal human being.” (2010, p.146). If an emotion aligns with the overall cosmic rationality and the corresponding life of virtue, then it is appropriate. Experiencing joy at things of value, such as healthy family and human relationships, or a wish for the happiness of others, is different to pleasure taken in opulent surroundings or a desire for more wealth or recognition, both of which can leave one unfulfilled and disappointed when pleasure fades or desire thwarted. *Apatheia*, or impassivity, is the term given to the extinguishing of these unwanted, or unnecessary passions. (Graver, 2007, p.210).

Similarly, the initial reaction to threat is both understandable and necessary for the preservation of humans and other sentient animals, but reason must ultimately prevail or our instinctive responses will multiply and overcome us. Seneca points out that “the courageous man will frown at sad things; he will be startled by a sudden occurrence” (Farnsworth, 2018, p.163), but if we are not careful, we will “suffer more in conjecture than in reality...We magnify our sorrow, or we imagine it, or we get ahead of it” (p.166) – what Ellis would call “awfulizing” (Ellis and MacClaren, 2005, p.28) - all ways in which we consent to Solomon’s “‘first movements’ prompted by nature”. Hadot explains that the Stoics maintained we are wrong to give assent to such an inner dialogue, which effectively brands personal suffering or death as ‘evil’, since one’s “fundamental existential option is precisely that there is no other evil than moral evil” or acting contrary to virtue or Nature (2004, p.132). This is rooted in the Stoic deterministic view, which believed that providence is ultimately working towards the overall good, or *summum bonum*, however dire our individual circumstances may seem. Inappropriate emotional reactions interfere with our rationality and thus our freedom to choose the best response i.e. that aligned with Nature. As Graver suggests, “we have seen one important way the ordinary person is not free: we are liable to be carried away by our own emotional responses” (2007, p.81).

The goal, or *telos*, of life for the Stoics was to live according to virtue and thus obtain happiness, or *eudaimonia*, but they recognised that it is human nature to strive for

other seemingly good things in life, such as comfort, health, wealth and success. These lesser goals were seen as 'indifferents', or 'preferable': useful if they contribute to genuine happiness, but not crucial to it (Inwood, 2018, p.79), being "not in themselves good, since they can (be) used well or badly...(and) are indifferent to the virtuous life." (Still and Dryden, 1999, p.156). Whereas it is not wrong to enjoy the pleasures or wealth or the approval of others, or even robust health, we should not see these as ends in themselves and become so attached to them that our emotions become turbulent should they be denied to us or lost.

The ideal Stoic, or Sage, is described by Seneca as someone "who is never alarmed by dangers, happy in adversity, calm in the midst of storm, viewing mankind from a higher level, and the gods from their own" (Robertson, 2020, p.124), but it was recognised that this could take a lifetime to achieve, if achieved at all, and that even a good Stoic might never quite manage to obliterate the instinctive bodily reactions to threat (Farnsworth, 2018, p.163). Still and Dryden note that the later Stoics downplayed the importance of the Sage as "They accepted that there have been no ideal Sages in reality, except perhaps Socrates, and...developed a more down-to-earth aspect of Stoicism during the second century B.C., designed for those with no aspirations to Sage-hood." (1999, pp.145-6). Practically, they encouraged finding balance in emotions as illustrated by Seneca's advice to a grieving mother: "...to suffer endless grief is foolish indulgence; to suffer none, inhuman hardness. The best middle course between devotion and reason is to feel a sense of loss and to subdue it." (Farnsworth, 2018, p.184). Not all Stoic teaching reflected even this degree of compassion: Cicero maintained "Is there anything more effective in overcoming sorrow than realizing it does no good and is pointless to take up?" (p.186).

Stoicism and Cognitive-based therapies

We can now see how Stoic philosophy can be an inspiration for cognitive-based therapies, with its emphasis on rationality and control of emotional responses through the application of reason or modifying our beliefs. Stoicism was not just philosophy in the sense of intellectualising, it was also a practical therapeutic regime

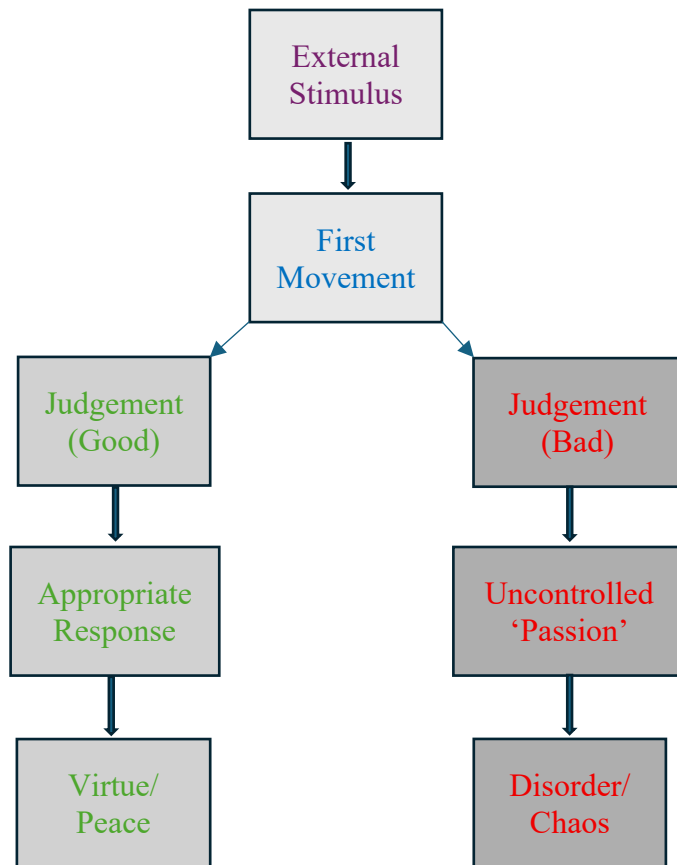
and the Stoics even referred to it as ‘therapy’ (Robertson, 2020, p.76). Our current view of the cosmos may not conform to that of the Stoic i.e. universal rationalism and providence, or our view of happiness be so obviously based on the attainment of *eudaimonia* via the ancient virtues, but our society still stresses the importance of good mental health and wellbeing, concern for the welfare of others, and achieving balance in our lives, which contemporary psychotherapy reflects.

Due to a combination of availability of ancient texts and the Stoic approach becoming “more exclusively practical” with time and less directed towards the ideal of the Sage, later Stoics, such as Epictetus, Seneca and Marcus Aurelius seem to be more frequently alluded to in therapy contexts (Still and Dryden, 1999, p.145). Epictetus provides one of the oft-cited cognitive-based therapy maxims, “People are troubled not by things but by their judgement about things” (2022, p.47. *Enchiridion* 5a), along with the exhortation to align expectations to external events as previously quoted. Indeed, his whole *Encheridion*, or Handbook, provides fifty-three handy nuggets of Stoic advice. James Stockdale, incarcerated and tortured during the Vietnamese war for over 7 years, found Stoicism both comforting and empowering, especially the writings of Epictetus - who himself had once been a slave and was crippled due to maltreatment: he maintained “Most of what Epictetus has to say to me is “right on” for modern times” (Robertson, 2020, p.7).

Integral to Ellis’s Rational Emotive Behaviour Therapy (REBT) is the ABC model, as described in Chapter 1, which has marked similarities with the Stoic view of emotion. Ellis’s **A** - the **A**ctivating event - is for the Stoic the external stimulus which provokes the first movement’ or instinctive reaction. **B** – the Irrational **B**elief, is the erroneous judgement regarding the outside stimulus/instinctive reaction. **C** - or **C**onsequences – comprises the subsequent events, what we might consider the deleterious uncontrolled emotional reaction and its negative ramifications. The preferred pathway would comprise a judgement based on good reason at **B** and an appropriate reaction, unclouded by “passion” plus its more positive consequences at **C** (see Figure 3). The underlying rationale of both models, summed up by Still and Dryden, is that “just as in REBT an emotional or behavioural consequence is always (or nearly always) a product of belief (B), which may be rational or irrational; so in classical Stoicism choice is always controlled by reason, which may be right or

wrong reason.” (1999, p.152). Thus, in both cases we are responsible for our actions and our emotions.

STOIC PATHWAY



REBT PATHWAY

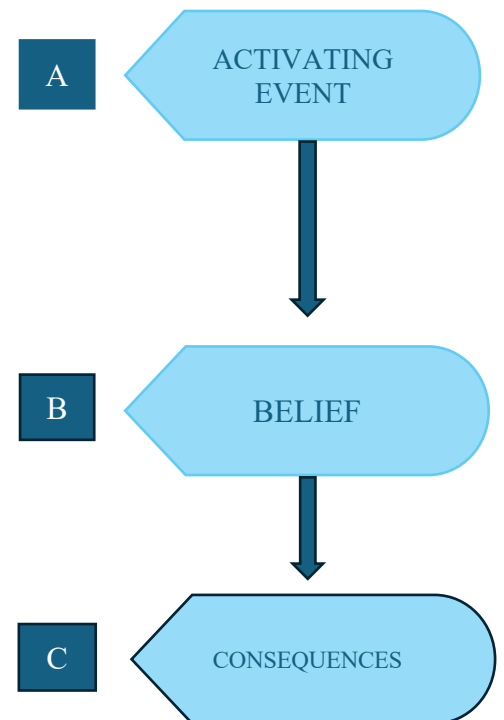


Figure 3: Comparison of Stoic and REBT pathways

From a cognitive-linguistic perspective, the Stoics talked of ‘impressions’ which they considered an external stimulus ‘impressing’ itself on the *psuche*, rather like a stamp being pressed into wax. This impression might also be called “a mere thought, a linguistically formable notion that one entertains without necessarily being committed to it” (Graver, 2007, p.26). This thought is converted to a belief by a judgement or forming an opinion as to its truth or falsity. Of note is “the content of an impression is propositional; that is, it is the same sort of thing as the meaning of a sentence” (p.24), a reminder of McEachrane’s challenge to Beck and Ellis regarding the requirement to translate thoughts into propositions discussed in Chapter 1. For the Stoics, as with cognitive-based therapies, the propositional nature of the emotional

sequence, or their version of ABC model, is very important; this is how our judgements are framed and understood.

The Stoic and REBT models do not just represent one cycle as a 'stand-alone' process; they also become self-reinforcing and eventually become a habitual way of reacting so that one might not even be consciously aware of the belief, even though it is still fuelling the reaction. Ellis describes this as repetitive 'autosuggestion', or self-talk, by which people "continually re-indoctrinate themselves into irrational or neurotic belief systems" without even realising it (Robertson, 2020, p.103). However, this process also becomes the antidote, for if one can talk oneself into things, one can rationalise oneself out of them; or as Ellis maintains, "suggestion and autosuggestion are effective in removing neurotic and psychotic symptoms because *they are the very instruments which caused or helped produce these symptoms in the first place.*" (1962, p.277). With practice, repeated iteration of the new 'useful' belief along with constant vigilance of one's thoughts helps to 'reprogram' cognitive processes so they become automatic. The Stoics recognised that this required practice and included techniques such as daily contemplative reflection, meditation and self-examination, not unlike those used in third-wave CBT (3), plus 'praemeditatio malorum' - "pre-exercise of evils", or mentally rehearsing worst-case scenarios (Hadot, 2004, p.137). This latter suggestion might sound paradoxical and counterproductive for those prone to catastrophising due to erroneous beliefs, but calmly looking at one's fears in a rational way can help one to see that they are either unlikely to happen or not as bad as they seem. Even if the worst does happen, the Stoic reasoning was that they would be prepared to face them in a way that embraced their views of cosmic providence with a 'God's eye view'. Practising the "View from Above", either by actively visualising looking down on the earth or just looking at "the bigger picture" enables one to put things in perspective (Robertson, 2020, p.211).

In terms of determinism and free will, Ellis took a "flexible, somewhat middle-of-the-road position", recognising the limits imposed on us by the causal workings of the universe whilst accepting we are endowed with the necessary abilities to change and control our future behaviour, very much in line with Stoic reasoning (1962, p.124). The Stoic approach may help to lessen a person's guilt and distress if they recognise

that certain situations are beyond their control and less ready to blame others who are also victims of circumstance. If they understand how their own erroneous beliefs have formed and affected them, they may also be more empathetic to others who are prey to similar cognitive aberrations. Indeed, Marcus Aurelius encouraged his readers to think of people as ignorant (of Stoic thinking) rather than malicious as “your sense of good and evil may differ from theirs. In which case they’re misguided and deserve your compassion.” (Robertson, 2020, p.202). Ellis was blunter, claiming people may commit “immoral” acts “because they are too stupid, or too emotionally disturbed to refrain from doing so... it is illogical to blame them” even though they might be responsible for harm to others (1962, p.66). Encouraging people to recognise their responsibility for events where appropriate whilst discouraging self-blame can help people make changes and reduce self-loathing and psychological disturbance (p.68).

However, living by Epictetus’s maxim of “It is not the things that disturb men, but their judgements about these things” without it being grounded in the Stoic world view may lead to the impression that we create our own reality and that external nastiness is not real or significant. Thus, we may end up blaming ourselves for being histrionic in the face of true suffering. As Brad Inwood remarks:

“It does not help to say that (for example) disease and disaster aren’t strictly speaking bad so it’s no problem if the world is full of such regrettable circumstances and to add that the real problem is our human response to such circumstances.” (2018, p.60).

Summary

Modern day cognitive-based therapies have much in common with Stoic philosophy and practice: they are both based on the concept that cognitive processes are at the core of emotions though in subtly different ways. For the Stoic, it is an erroneous judgement that if not arrested, allows the deleterious emotion and associated behaviours to mushroom from the person’s initial instinctive response; in cognitive-based therapy, the erroneous beliefs in some way cause the disturbing emotion. Stoics see the antidote as employing correct judgements to prevent the harmful

emotion from surfacing; cognitive-based therapy encourages changing unhelpful beliefs into helpful ones and thus reducing or changing the emotion. Their methods are often similar, but the difference lies in their metaphysics and cosmic world view: modern man does not believe in a rational, providential universe – albeit an impersonal one - and not generally in the importance of virtue for its own sake. Therefore, Stoic exhortations used in cognitive-based therapy and contemporary versions of stoicism may need to be applied in a more individualistic, ‘outcome benefit’ based way.

In the next chapter, we will look at more contemporaneous cognitive-based philosophy of emotion, the problems that arise and how they might be relevant to cognitive-based therapy.

Endnotes:

- (1) Stoic philosophy tends to be thought of in lay terms as ‘fatalistic’ i.e. that all outcomes are predetermined so human actions are useless or irrelevant to outcome. In reality, the Stoics were more like compatibilists, or soft determinists, holding that even though the universe is deterministic i.e. events are determined by the laws of nature and what has happened leading up to them, outcomes are not fixed and the individual still has an influence as to what happens next. At times it does seem that the Stoics encouraged acceptance of ‘fate’, as per Epictetus’s exhortation: “Instead of wishing that things would happen as you’d like, wish that they would happen as they do, and then you’ll be content.” (2002, p.48. Enchiridion 8); however, they demanded that we learn to control our emotions as this was within our ‘sphere of influence’. It has also been pointed out that notable Stoics such as Marcus Aurelius - a Roman Emperor - and Seneca - Senator under Nero - were powerful figures in their time, responsible for making many important decisions. How could they act like this if they merely caved into the vagaries of Fate? (Robertson, 2020, p.201).
- (2) Regarding the Stoic use of the word ‘passion’, Chrysippus uses the Greek term *pathē* for instances of what we would call emotions such as grief, anger, desire, and pathos as the collective term. The Stoics considered pathos as more intense and destructive states, which we might term ‘passion’, which is derived via the Latin *passio* from the verb *patior*, meaning to suffer or endure. Cicero, on discussing how pathos may be translated from Greek to Latin, goes further, declaring, “I might have rendered this literally, styled them ‘diseases,’ but the word ‘disease’ would not suit all instances...Let us then accept the word ‘emotion’ [*perturbatio*] the very sound of which seems to denote something vicious and these emotions are not excited by any natural influence.” (Schmitter, 2021a, quoting from *De Finibus Bonorum et Malorum*). This definition suggests a ‘passive’ element.

Descartes used 'passions' in *The Passions of the Soul* (2017) [1649]) in which man was very much helpless or passive in the face of intense feeling, whereas Hume mainly referred to passion but sometimes interchangeably with emotion, the latter implying a mental motion (Schmitter, 2021b). The word 'emotion' has a more 'active' sense about it (e-motion), which contemporary philosophers emphasise by looking at the intentionality of emotions e.g. Goldie's 'feeling towards' (Goldie, 2004, p.92) and Solomon's intentionality of cognition (Solomon, 2003b, p.225). To avoid confusion, I will continue to use the more contemporary term of emotion, rather than passion, when discussing the Stoics, though depending on the translation of old texts, passion and emotion tend to be interchangeable.

- (3) 'Third wave' CBT is the name given to various developments in CBT which, as Robertson describes, place "more emphasis on modifying our relationship toward our cognitions rather than the disputation of their content." (Robertson, 2020, p.219). This group of therapies include Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT) and Mindfulness-Based Cognitive Therapy (MBCT). These modes of therapy aim to change our attitude towards our unhelpful beliefs, such as by accepting difficult thoughts and feelings without judgment, rather than trying to change or fight against them. Mindfulness techniques, which are based on paying attention to the present moment, are instrumental in cultivating this mindset of acceptance.

CHAPTER 3

Contemporary cognitive theories of emotions and cognitive-based therapy

In the preceding chapters, I have looked at the philosophical claims of cognitive-based therapies and explored some aspects of their philosophical underpinnings, especially that of Stoic philosophy. In this chapter, I will discuss the salient aspects of more contemporary cognitive theories of the emotions, explore how these relate to cognitive-based therapies and to outline potential strengths and weaknesses of such therapies from a philosophical basis.

Cognitive theories of emotion i.e. those maintaining that mental processing is involved at some level in emotion, encompass a wide range of views, depending on one's definition of 'cognition' and the degree to which other non-cognitive or 'feeling' based considerations are incorporated. As cognitive-based therapy is very much about conscious processes such as thoughts and beliefs and their verbal expression, I will concentrate on the more 'hardline' cognitivist theories and the key issues that arise, namely:

- Intentionality: object and cause.
- Emotions as judgements: a neo-Stoic view?
- The problem of conflicting beliefs.
- 'Beasts and babies': does emotion need language?

But first, a word about the potential conceptual difficulties experienced by philosopher, therapist and client alike when trying to think about emotions, or 'feelings', as 'thoughts', or strongly related to thoughts: "I feel" seems a very different state to "I think". Emotions are traditionally seen as experiences that happen to us over which we have no or limited control whereas thoughts tend to inhabit the realm of the voluntary and deliberative, or as Cheshire Calhoun notes, 'the conceptual terrain where 'belief' finds its home differs vastly from that of 'emotion'.' (Calhoun, 2003b, p.238). We have already seen how, in previous times, the language of the *passions* implied passivity, and how the Stoics viewed them as unwanted, unthinking and inappropriate reactions that should be stopped in their tracks by reason. William

James stressed the non-cognitive dimension in his seminal paper, “What is an emotion?” by theorising that “our feeling of the [bodily changes] as they occur IS the emotion” (1884 p.189). The automatic physiological changes of e.g. racing heart, shallow breathing and wobbly legs that occur when confronted by a grizzly bear constitutes the emotion; our brains only tell us we are afraid after perceiving these changes. But the physiological changes experienced by fear and anger are broadly similar, so how can they be distinguished, and what about emotions without such obvious bodily signals, such as envy, or those that last longer than a surge of rage, such as resentment? How can we know we are having these emotions? James admits he left those less turbulent emotions “entirely aside” in his article (pp.189-190).

However, thoughts and similar higher cognitive functions alone do not quite fit the bill. Solomon, whose “bumper sticker slogan...has always been ‘Emotions are judgements’” was, he maintains, mistakenly interpreted as implying “*nothing but judgements*” which inevitably sounded “overly detached and intellectual” and easily conflated with courtroom-style processes. (2004, pp.76-77). In cognitive-based therapy, being “detached and intellectual” may have some therapeutic value in separating thoughts from the commotion of bodily or other more nebulous ‘feelings’, but it may not really capture what a client may be experiencing, or the phenomenology of their emotions.

With this tension in mind, I will proceed to the four issues listed above.

Intentionality: object and cause

In philosophy of mind, mental states are described as having one of two types of property: qualia – the experiential, or the ‘what is it like’ of experience, and propositional content, or intentionality i.e. what the experience is about, or the object of experience. The cognitive aspects of emotions look more at the latter, the intentionality of the emotions: they are ‘about’ something (Solomon 2003b, p.225). If I am angry, I am angry ‘about’ something, such as discovering a parking ticket stuck to my windscreen; this is the ‘intentional object’.

There is a formal and a particular aspect to this intentional object; as Andrea Scarantino and Ronald de Sousa explain, paraphrasing Anthony Kenny: “any X that I can have emotion E about is a particular object of E , whereas the formal object of E is the property which I implicitly ascribe to X by virtue of having E about X .” (2018, #4). So, the particular object of my anger is the parking ticket, or the thing about which I am angry, and the formal object of my anger is the perceived unfairness of the parking ticket, or what it is about the ticket that justifies my anger. The particular object can further be envisaged as the target object and/or the propositional object, where the target object is the entity to which the emotion is directed, such as the parking ticket; propositional objects “capture states of affairs, real or imagined” (2018, #4), i.e. the case of me having received a parking ticket. There may also be emotional states which lack target or propositional objects, or both; in the latter case, the objectless emotion may be considered a ‘mood’, such as depression or elation for no obvious reason, though the distinction between emotions and moods is a controversial one for both philosopher and psychologist.

Solomon also does not “press the claim that *all* emotions are ‘about’ something” as in finding a specific object or cause, since an emotion may “not (be) ‘about’ anything, or, conversely, may be ‘about’ everything.” He does maintain that, whether specifically or more generally, emotions are “about the world” (2004, p.77). However objectless or vague an emotion or mood appears, one of the therapist’s roles is to unpick the underlying reasons for the affective state experienced.

Kenny, in *Action, emotion and will*, talks about *intensionality*, which he defines as “the formal property which is peculiar to the description of psychological events and states”. The ‘intensional object’ is the “object of a mental act or attitude” (1963, p.194). This emphasises that object directedness is not just about the object in the ‘real world’ but how the object is perceived by the observer. Psychological actions do not change their objects, unlike non-psychological ones: “Where a non-psychological action brings about a change, the change is in the object and not...in the subject; where a psychological action brings about a change, the change is in the subject, and not...in the object.” (p.196) For example, if I rip up my parking ticket (non-psychological action), this changes the ticket into shreds of paper; if I feel angry at

the parking ticket (psychological action), the ticket does not change, the change is in me: I go red in the face, my heart rate raises etc. This subtle change in terminology does bring out the 'mental' nature of emotions, which can be seen as psychological 'actions' directed towards an object and may have more impact on the experiencing individual than on the object; indeed, the self-destructive nature of thoughts is something that is emphasised in cognitive-based therapy. In addition, Kenny maintains, "The description or the formal object of a mental attitude such as an emotion...must contain reference to belief." (p.193) i.e. I must believe that something is an injustice to become angry. This is also relevant to cognitive-based therapy where one is required to examine one's beliefs about something to identify why a particular emotion is being experienced and puts the onus firmly on the cognitive processes involved.

But what of causes? Are not the objects of emotions also their cause? Superficially, this may seem to be the case: surely the parking ticket in question is the object of my anger and is also the cause – seeing the parking ticket 'caused' me to be angry. However, Solomon maintains, "The cause of an emotion is an occurrence (state-of-affairs, etc.) of a type that stands in a lawlike connection with emotions of that type. The object of an emotion is simply 'what the emotion is about,' whether or not it is also the cause." (2003a, p.7) This more regular, law-like connection between cause and effect is more relevant when one thinks simplistically of physiological processes such as the firing of certain neurons in response to an environmental stimulus on the body, and this may be predictable in not only an individual but in others e.g. a painful stimulus to a limb causing withdrawal. One could postulate this process applies to mental states. Solomon suggests I may be more likely to be furious at my parking ticket if I have had four cups of coffee or haven't slept, which somewhat predictably puts my nervous system – including my mental processes - into overdrive (p.7). Similarly, I may accept it with calm resignation after a relaxing yoga class. It could also be suggested that a rigidly held belief, such as 'all parking restrictions are an infringement on the liberty of motorists', may always result in anger, no matter how many yoga classes attended. But thoughts and beliefs are not always predictable and have fewer 'lawlike' characteristics (see Chapter 1). This may indicate increased adaptability, which would work in favour of cognitive-based therapy as it suggests thoughts and beliefs are potentially malleable.

We could apply the object-cause split rather simplistically to cognitive-based therapy. Taking the grizzly bear scenario, the 'object' of the emotion is the bear, but the 'cause' of the emotion is the thought of the bear and what it might do, or the belief that all bears are man-eaters. This aligns with the idea that it is not the object itself that is frightening but the interpretation by the person i.e. the associated thought or belief. Admittedly, to most people, a bear would be frightening, and fear would be an appropriate response, but to someone who had been brought up with them, or a bear tamer, the emotion of fear may not be elicited. On the other hand, fear of spiders is more easily seen as the person's inappropriate perceptions or thoughts about spiders, unless they lived in an area populated by Black Widow varieties. This fits with cognitive-based therapy in that it is our thoughts and beliefs about something which are the key factor in interpreting emotions, which takes us back to Chapter 2, and Epictetus's maxim "People are troubled not by things but by their judgement about things" (2022, p.47. *Enchiridion* 5a).

Solomon does concede that, "there is probably never a single 'cause' as such but rather many elements in a complex "causal story", one of which is singled out in an explanatory context" (2003a, p.63). This echoes the discussion on causality in Chapter 1 regarding Mill, Broadbent and 'shooting the president'. Solomon also maintains that "The function of causal explanations is to *explain*, to tie this emotion to other occurrences of similar emotions...The function of object descriptions is to *make explicit* the experience of the person who has an emotion." (p.65).

Emotions as judgements

Recalling Epictetus's words leads us onto the idea of emotions as judgements, a concept that became Solomon's catchphrase as described earlier. Martha Nussbaum also supports this view in her book *Upheavals of thought* (2001), a treatise on neo-Stoicism (1), particularly in the chapter "Emotions as judgements of value". Here, she takes the example of her emotions, first on learning that her mother is gravely ill and then when she dies. She begins with reference to Stoicism: "The Stoic view of emotion has an adversary. It is the view that emotions are 'non-

reasoning movements,' unthinking energies that simply push the person around, without being hooked up to the ways in which she perceives or thinks about the world." (p.24). She notes the conceptual difficulties, that of "the terrible power and urgency of the emotions...the sense one has that one is passive or powerless before them" (p.26), and how the idea that if emotions are in some way judgements or thoughts, "it seems difficult to account for their urgency and heat" (p.27). But she is wary of the word 'feeling' when applied to emotion, which she sees as "remarkably slippery and likely to mislead" (p.60). She cites two meanings of 'feeling': one is more akin to a perception or judgement, with "rich intentional content", such as her fear and later grief regarding her mother, and this is more in line with her own view of emotion; the other lacks intentionality or cognitive content, such as bodily feelings - fatigue, restlessness, trembling etc. The latter "may accompany an emotion of a given type and they may not -but they are not absolutely necessary for it." The "rich intentional content" of these perceptions or judgments suggests that the object of the emotion has a deeply personal meaning and is associated with thoughts and beliefs about the value of the object to the person experiencing the emotion. In this way, the intentionality, or "aboutness" of the emotions is "more internal, and embodies a way of seeing." It "requires looking at the object, so to speak, through one's own window." (2001, pp.27-28). Nussbaum is not making detached intellectual observations: they are value-laden judgements and evaluations of the importance of her mother to her. There is a eudaimonistic aspect to this: valuing what is required for one's own flourishing. In Nussbaum's example, what she values – her mother – is being threatened, hence the emotional disturbance where her cognitive viewpoint on her world becomes violently shifted.

Nussbaum makes the case for emotions *being* judgements rather than just a constituent part with something else, like a non-cognitive 'feeling' accompanying it to give that extra 'zing'. However, she does recognise that non-cognitive elements, such as physiological sensations (racing heart etc), do accompany emotions to varying degrees and could potentially be considered as integral to the definition of that particular emotion; thus, the cognitive elements may just be a constituent part of the emotion, albeit a necessary one, along with these other non-cognitive features. But are physiological changes always present in the same way in fear? There is so much inter and intra subject variability to make this implausible. Are the same

physiological changes found in other emotions? Fear and anger are difficult to distinguish by physiology alone, at least by the person experiencing them, as was pointed out by the critics of James's theory. Indeed, love and excitement could engender similar physical 'feelings', which would make the situation very confusing and precarious for the potential bear victim! Nussbaum concedes that "bodily states...may accompany an emotion of a given type and they may not – but they are not absolutely necessary for it" even if they are frequently associated with given emotions (p.60). Also, the correlation of a particular bodily state with a given emotion is not consistent enough to identify reliably that emotion or differentiate between emotions, so we would not wish to put it "into the definition of a given emotion-type" (p.58). She proposes that "Emotions can be defined in terms of these evaluative recognitions alone." (p.64). These "value-laden cognitive states", or judgements, are not merely propositional but incorporate the potential turmoil involved: "When I grieve, I do not coolly embrace the proposition, 'My wonderful mother is dead,' and then set about grieving. No, the real, full recognition of that terrible event...is the upheaval." (2001, p.45).

Solomon in his earlier writings, such as his essay "Emotions and Choice" in 1973, strongly endorsed the concept of 'emotions are judgements'. He goes as far as to state "My emotions *are* judgements I make" and "I am as responsible for my emotions as I am for the judgements I make", emphasising individual responsibility for one's emotions and their consequences (2003a, p.10). Speaking like a true Stoic, he asserts:

"By forcing myself to be scrupulous in the search for evidence and knowledge of circumstance, and by training myself in self-understanding regarding my prejudices and influences, and by placing myself in appropriate circumstances, I can determine the kinds of judgements I will tend to make. I can do the same for my emotions." (p.11).

When later reflecting on thirty years of developing his views, Solomon qualifies that he has "never denied that both feelings and physiology are pervasive ingredients in emotion" and may, of course, influence the 'rashness' of the associated judgement (2003a, vii). A reminder perhaps to cognitive-based therapists not to ignore the importance of 'feelings' in emotion.

The problem of conflicting beliefs

Calhoun highlights the problem of conflicting beliefs in cognitivist theories: “The cognitivist banks on convincing us that fear always goes hand in hand with acknowledged beliefs about danger...Although this may be true of most of our emotional experience, it is not *always* true.” (Calhoun, 2003b, p.239). If I have a spider phobia and freak out when a large house spider scuttles across my kitchen floor, yet believe, when questioned, that the spider is not dangerous, why am I afraid? Calhoun suggests that the cognitivist may have to concede the presence of non-cognitivist parts such as physiology, but as Nussbaum has argued, these are not consistent or exclusive enough to identify with a given emotion. Calhoun suggests other ways for cognitivists to redeem themselves:

- 1) The emotional inertia hypothesis – where emotional responses have failed to keep up with revised beliefs or ‘the emotion-relevant response may not be presently held’ (p.240). I learned in early childhood to fear spiders but as an adult I realise that the UK spider population is largely harmless. However, my ‘freak out’ response is stuck at the toddler level. But this potentially drives a wedge between belief and emotion by separating off the non-cognitivist parts and allowing them an authority the cognitivist denies.
- 2) The conflicting belief hypothesis – people may hold inconsistent beliefs at different levels, for instance, we may never completely lose our childhood beliefs, they just become “overshadowed by ones acquired in mature life” but still lurk in the background (p.241). This may to some extent realistically portray the complexity of our belief systems and may explain the state of ‘cognitive dissonance’ - the mental discomfort experienced when trying to hold two conflicting beliefs. But Calhoun maintains it “violates the language of belief”, for if we do not accept someone’s explanation of their belief, despite it being at odds with their emotional behaviour, then we potentially accuse them of pretence, self-deception or inconsistency.

Nussbaum doesn't see the problem of conflicting beliefs as one requiring a complex explanation: "we may often hold contradictory beliefs, especially in cases involving long habituation." (2001, p.35). This happens with non-emotional beliefs: I may have formed the belief in childhood that Mount Everest is in the Italian Alps and continue to visualise it there on my mental map despite knowing it is north of India. This persistence is even more likely with "evaluative beliefs we lay down in childhood, frequently in connection with attachment relations of deep intensity." (p.36). She points out that Seneca knew changing such beliefs require "a lifetime of patient self-examination, and even then, it is not always successful." (p.36). Does this suggest that cognitive-based therapy is too optimistic in its claims to be able to change emotions through changing their associated beliefs, especially in the short time scale advocated by popular 'brief therapies'?

Cognitive-based therapy doesn't look so much at conflicting beliefs, but searches for the underlying beliefs – both irrational and sensible ones - that underlie difficult emotions, and if emotions appear to conflict or do not seem appropriate to what the client appears to think, a further examination of the beliefs underlying them should make sense of the apparent anomalies (Beck, 2021, p.235) e.g. I can feel happy that my daughter is leaving for university as she is embracing opportunities for growth, but I can feel sad as I will miss her being at home.

As well as reflection, self-examination, and the use of suggestion and autosuggestion as described in Chapter 2, cognitive-based therapy also incorporates behavioural techniques for managing inappropriate emotional responses that are at odds with our beliefs, such as exposure therapy for phobias. To treat my spider phobia, a combination of cognitively affirming the harmless nature of spiders and graded exposure to my nemesis (first looking at a picture, then sitting with a safely captive arachnid to finally – maybe - picking one up) gradually marries my mature and appropriate belief of their harmless nature with a mature and appropriate response. The same principles apply to social phobias, with the therapist issuing 'homework exercises' to encourage the client gradually to increase social contact. At a neuronal level, this may be due to changes in neuroplasticity of certain areas of the brain – so called 'rewiring' – effected by CBT (Mansson et al, 2016).

Solomon, in a later work that reflects his broadening of the concept of cognition and the role of bodily feelings, admits, “Belief...is too tightly tied to the logic of propositions to explain, for example, how it is that we can often hold conflicting (but not literally contradictory) emotions at the same time.” (2003a, p.184). He accepts that judgements are not always conscious, deliberative or articulate and that “different cognitive candidates may work better or worse for different emotions.” (p.188). Calhoun suggests that, in addition to these fully conceptualised and articulated cognitions, there exists “a dark cognitive set, an unarticulated framework for interpreting our world...not all of which would be accepted by the individual as his beliefs.” (2003b, p.244). Ideally, cognitive-based therapy seeks to winkle out and name these cognitions – Ellis’s ‘irrational beliefs’ – so that they can be tested and modified or discarded as necessary.

Beasts and babies: does emotion need language?

One does not need to be a philosopher to see why cognitive-based therapy is not offered to animals or young children: the lack of language skills and conceptual ability preclude meaningful interaction within this therapy model. But the issue of emotion in ‘beasts and babies’ and whether non-human animals and infants can have emotions if they do not have the facility of language is an important one in cognitivism. John Deigh explains that a cognitivist model that considers the likes of beliefs and judgements that have a propositional content, and the capacity to grasp and affirm them, is essential to the emotions and requires having a language. Therefore, non-human animals that never have language and infants that are yet to acquire one cannot have emotions according to this reasoning (2010, p.27). This was also the Stoic view, that the capacity for rational assent was essential to the emotions, or as Graver writes, for the Stoic “What cannot be conceded is that a psychophysiological change produced in the absence of judgement can ever count as an emotional response.” (2007, p.78). What might appear to be an emotion in these groups was of a very different nature. Descartes, in his ‘Discourse on Method’, denied that animals had the faculties of reason and language and therefore had no mind or soul; in this respect they were similar to machines (1968 [1637], pp.73-76);

their *passions* were therefore limited to bodily reactions without higher levels of conceptualisation.

Solomon, also acknowledges the problem:

“I suppose that my dogs have the thought of food when I open the refrigerator and babies in some sense think of their mother when they hear her voice across the room, but such thoughts are sufficiently tied to perception (or the immediate stimulus) that they may be better classed as associations rather than thoughts.” (2003a, p.182).

Nussbaum disagreed with the Stoics on this matter and, in formulating a more modern neo-Stoic viewpoint, she suggests:

“What you need to do, to make it a defensible philosophical view, is to correct their view that animals and small children don’t have emotions. That’s not correct, so you have to revise that view so that emotions still have a cognitive /evaluative character but it’s the sort of cognitive character that animals and children could have.” (Evans, 2021).

Nussbaum argues that an emotion is an “evaluative appraisal of the world” which is consistent with the Stoic view, but these don’t have to be “*objects of reflexive self-consciousness*.” (2001, pp.125-126). She also maintains that even in adults some emotions “may preserve a preverbal infant’s archaic and indistinct view of the object” and are not consciously analysed or expressed in language (p.79).

Deigh suggests that if one broadens one’s concept of the evaluative cognition that cognitivists assign to emotions then this “need not be an evaluative judgement of the kind that implies grasping and affirming a proposition. It may, instead be a perception...Since perceiving something does not imply you make any judgement or form any belief about it,” (2010, p.28).

Solomon doggedly sticks to his ideas of emotions as judgements but expands the cognitive nature of emotions to include ‘affect’ and ‘feeling’, which he categorises as “judgements of the body” (2003a, p.191); for example, our kinaesthetic sense - a bodily judgement of which we are not usually conscious - may become so when one

needs to concentrate on difficult terrain. Emotional judgements “may be non-propositional and bodily as well propositional and articulate” (p.192). However, Scarantino urges caution in accepting this ‘elastic’ approach, as “on a sufficiently expanded notion of judgment, the identification of emotions with judgments becomes at best trivially true and fails to shed light on what emotions are.” (Scarantino and de Sousa, 2018, #5).

McEachrane would agree with this less rigid approach. As discussed in Chapter 1, he warns that the emphasis on articulating thoughts and beliefs as propositions in CBT may lead to misinterpretation of the client’s experience. Instead, beliefs should be “more properly understood as “*how we take something to be* or broadly speaking *perceive* something”, as descriptions of how the client understands or sees an object or situation, which may or may not be propositional, and may or may not even be a belief. (2009, pp.96-97).

But where does this leave cognitive-based therapy, which is very much focussed on expressing the client’s experience in terms of their underlying thoughts in ways that are largely propositional or reflect propositional attitudes? This method is emphasised by Judith Beck in ‘Cognitive Behaviour Therapy: basics and beyond’ (2021). She suggests the therapist encourages the client to name their emotions in appropriate language by compiling a thesaurus of emotional terms (pp.228-229) and then facilitate the client to differentiate between thoughts and emotions by using the cognitive model (situation, automatic thought, reaction) to frame their experience. She urges therapists to discourage the use of the word ‘feel’ in favour of ‘think’ e.g. ‘I feel like a failure’ becomes ‘I think/believe I am a failure’ (p.233). Ellis also suggests that the therapist can show the client how emotions “can definitely be controlled or changed by parsing the phrases and sentences of which thoughts and emotions essentially consist.” (1962, p.52). But note McEachrane’s objections where he maintains this potentially changes what was the expression of a client’s experienced emotional state into the cause of the emotion.

Concern about the use of language in a therapeutic situation tends to relate to the use of clinical terminology and diagnosis which may exacerbate power inequalities between therapist and client and can serve to medicalise distress (Ungar-Sargon,

2025, p.2). But there is also concern about the use of language itself, in that it is does not “transparently represent external reality or internal experience” and it “is not a neutral tool. It shapes, limits, and sometimes distorts our encounter with the real.” The therapist works to a therapeutic schema, taking a client’s descriptions of their feelings and experiences and expressing them in particular language formats; however, this suggests “interpretive authority that can inadvertently silence or invalidate client experiences that don’t fit established frameworks.” (p.2)

But the whole therapeutic basic of cognitive-based rests on this linguistic framework; to modify this or incorporate non-verbal practices creates a different mode of therapy - throwing out the baby of therapeutic effectiveness with the bathwater of language, perhaps? Cognitive-based therapy can potentially be integrated with other therapeutic models, but there is concern about combining a cognitive-based therapy with therapies that have diverse philosophical underpinnings such as Person Centred, Gestalt, Psychodynamic and art-based therapies. Integrated therapy has become more widespread, but it must be uniquely tailored to meet the needs of the client rather than experimental or ad hoc ‘mixing and matching’ of modalities (3)

Summary

The exploration of contemporary cognitivist approaches to emotions provides some useful insights into the philosophical underpinnings of cognitive-based therapy, such as separating the object of emotion from the cause, the latter of which cognitive-based therapy sees as thought based, and that objects of emotion are intensional as well as intentional i.e. have a mental dimension - how we perceive and think about something - as well as being about them. This enables the therapist to effect change within the client by demonstrating it is how we think about the world and how we value things that leads to emotional upheaval rather than the things themselves. The recognition by cognitivists that ‘feeling’ and physiological responses are important at some level is reflected in cognitive-based therapy in the experience and consequences of emotion, which are the starting point for identifying areas of concern that require the examination of underlying beliefs. However, cognitive-based therapy separates emotion from cognition and sees them as causally related which may be useful therapeutically but is not in the spirit of cognitivist theories that

maintain that emotions *are* cognitions or evaluations. As Scarantino and de Sousa state, “The constitutive approach tends to be dominant in philosophy, while the causal approach enjoys significant support in psychology.” (2018, #3). Finally, when language is used as the main means of exploring emotion, one must beware of the inherent problems of misrepresentation and misinterpretation.

Endnotes:

- (1) Neo-Stoicism is the term given to the late Renaissance (end of 16th and beginning of 17th century) intellectual and philosophical movement that attempted to revive Stoic ideas and combine them with Christian teaching. Its most prominent figure was Justus Lipsius (1547-1606) though other notable figures at the time were associated with the movement, including Michel de Montaigne (1533 -1592). The aspects of Stoicism that were not compatible with Christianity included its materialistic and deterministic philosophy, and even the acceptance of the concept of indifference to suffering (*apatheia*), rather than seeing it as a necessary trial sent by God to be embraced. These were condemned by some, notably John Calvin, though they had previously been sympathetically considered by such strong Christian influences as Augustine. However, some of the moral and practical aspects of Stoic philosophy appealed to Christian thinkers, and Neo-Stoicism can be considered not just as an attempt “to revive scholarly interest in ancient Stoic thought...but rather to revive Stoicism as a living philosophical movement by which people could lead their lives.” (Sellars, no date). Martha Nussbaum uses the term ‘contemporary neo-Stoic view’ in her work *Upheavals of Thought: the intelligence of emotions* in relation to refining the Stoic view and bringing it more in line with modern-day philosophical, psychological and ethical thinking, much as the earlier Neo-Stoics had tried to do in their time (2021, p.5). She largely accepts what she terms the ‘descriptive view’, that emotions are judgements, but not the ‘normative’ view, particularly that animals and children are incapable of emotion as they lack the capacity for higher cognitive function and language, plus the Stoics paid little attention to cultural variation in emotion (Evans, 2012). Also falling within the remit of neo-Stoicism is the current view of Stoicism as a ‘life tool’ which has been popularised in the writings of philosophers such as Alain de Botton and movements such as Modern Stoicism set up by Christopher Gill, Professor of Ancient Thought at the University of Exeter. Albert Ellis’s interest in Stoic philosophy also could be seen in this light, along with Donald Robertson’s comparison of Stoic philosophy and cognitive-based therapies in his book, *The Philosophy of Cognitive-Behaviour Therapy: Stoic philosophy as rational and cognitive therapy* (2020).’
- (2) See “Integrative Therapy: Definition, Techniques, & Examples” by Jeremy Sutton (2025) for discussion of pros and cons of integrating therapy modalities. In relation to integrating CBT with person centred/humanistic models, he specifically quotes Finlay: “client-centred precepts concerning being non-directive contrast with the more directive interventional styles of systemic and cognitive-behavioral practitioners” (Finlay, L. 2015).

CONCLUSION

I refer the reader to the summaries already made at the end of each chapter. In this final section, I will review the initial aims of the dissertation and explore whether the research questions set have been answered.

1.Are Ellis and Beck’s claims that their versions of cognitive-based therapy are based on the Stoic model supported in their writings?

In Chapter 1, we saw how Ellis was inspired by his interest in philosophy, especially the Stoics, to devise an alternative to psychoanalysis. His knowledge of different philosophers and philosophies seems to be spread quite widely, though many only receive a passing mention in his works, so it is difficult to assess his depth of philosophical knowledge. Regarding the Stoics, he singles out Epictetus and his maxim: “People are troubled not by things but by their judgement about things” (2022, p.47. *Enchiridion* 47,5a). He is quoted by Still and Dryden as writing, “Although I largely adapted REBT's ABC theory of emotional disturbance from Epictetus and other Stoics and although I made Epictetus one of the patron saints of cognitive behavior therapy . . . I am hardly a Stoic.” (1999, p.156) (1). He also favoured Epicurus, founder of the Epicurian school and a contemporary of the Stoics, who emphasized hedonism. He mentions Lao-tse, Confucius and Gautama Buddha, comparing them to cognitive-behavioural therapists, and after Socrates and Plato, he lists an impressive array of philosophers from the Middle Ages onwards. (Ellis, 1989, pp.5,6). Elsewhere, he describes himself as a “logical positivist...For many years something of a phenomenologist and existentialist ...a moderate, not a radical postmodernist” and that he sees REBT as “constructionist” (Ellis and MacClaren, 2005, pp.13-15).

Still and Dryden point out that from a historical perspective, Stoicism has been a major influence on Western thought and culture over the last two millenia, helped by aspects of its psychology and ethical philosophy being assimilated into Christian teaching (1999, p.147). They remark, “When Ellis drew on Stoicism as he began to

write about Rational Psychotherapy around 1955, he was not preaching to the unconverted—the Stoicism contained in popular morality ensured a ready audience for what he had to say.” (p.148).

I conclude that although Ellis may have drawn some of his ideas from philosophy, including Stoic philosophy, he had a rather eclectic, or ‘pick-and-mix’ attitude, taking what he found useful from different philosophical approaches and moulding these ideas into his own theory. It is also difficult to assess what was Ellis’s own interpretation of Stoicism in isolation from ways in which Stoicism has persisted through the ages and pervaded modern thought.

As noted in Chapter 1, Beck maintained his approach was empirical rather than philosophical and whereas he quotes Stoic philosophers and Stoic-inspired writings, he does not engage further with their philosophical views (Robertson, 2020, p.19).

2.How closely do cognitive-based therapies align with Stoicism?

The key areas of alignment include the view that our emotional responses are dependent on our view of reality rather than reality itself and central to controlling our emotions is identifying the cognitive processes that lie behind them, such as maladaptive thoughts, beliefs or judgements, and correcting or modifying them when they are found to be in conflict with reason. There is also the recognition that some events are outside our control, and it is better to identify and focus on the things we can change than those we can’t. In addition, both Stoicism and cognitive-based therapy employ behavioural practices to augment the positive cognitive adaptations, plus they both encourage self-reflection and self-improvement exercises.

As discussed in Chapter 2, the differences are largely a result of the different cosmic world view. The Stoic concept of providence and living according to Nature, if not properly understood, can easily be mistaken for fatalism, which could corrode the sense of individual responsibility required to live ethically within society and reduce active decision making to passive resignation. Epictetus’s exhortation to *want* things to be how they are, even when they are against one’s wishes, seems a step too far

in Stoic acceptance, even to the point of being irrational. Actively wanting misfortune goes against how Ellis describes modern psychotherapies, as “hedonistic in that they hold that pleasure or freedom from pain is a principle good and should be the aim of thought and action.” (1962, p.163). For him, irrationality resided in insisting bad things should not happen, rather than a wish that circumstances might be different (Ellis & MacLaren, 2005, p.32,33). Seneca is less harsh than Epictetus when he says, “Whatever happens, let your mind suppose it was bound to happen, and do not rail at nature.” (Farnsworth, 2018, p.194). One doesn’t have to *like* how things are, just understand how they fit into the bigger picture.

Ellis’s talk of hedonism is more Epicurean in philosophy than Stoic, the latter of which emphasises a life lived according to virtue as the principle aim and pleasure as ‘indifferents’, though they did not deny the *eupatheiai* - positive rational responses to virtue-based experience, or the ‘happiness’ of eudaimonia. However, Ellis maintains that even the Epicureans believed that the genuine life of pleasure must be a life of prudence, honor, and justice” i.e. conforming to virtue, though as means to happiness rather than an end in itself (Still and Dryden, 1999, p.156) (1). Still and Dryden were keen to show that REBT and Stoicism were homologues and not just analogies, i.e. that they exhibited historical connection and were structurally related, as “Ellis drew some of his account of the control of emotions by reason directly from Stoic writings, and from the Stoicism present in popular morality.” (p.154). They do concede, however, that “the distinction between pleasure and happiness is unimportant for Ellis” whereas it is crucial for the Stoics as it underpins their ethical system (p.159).

3.Do cognitive-based therapies align with contemporary cognitive-based theories of emotion?

There are some important similarities between cognitive-based therapies and contemporary cognitivist theories of emotion. Both emphasise cognitive processes such as thoughts, beliefs and judgements in some way being at the root of emotions and both agree that by controlling or modifying these cognitive processes,

inappropriate or excessive emotions can be better managed leading to a more equanimous life.

However, there are some fundamental differences:

Cognitive-based Therapies (CBT)	Cognitive-based theories of emotion
Distinguish between cognition (thoughts/beliefs) and emotion	View emotions as cognitive processes e.g. judgements
See cognition as 'causing' emotion	See cognition as constitutive of emotion
Recognise emotions as 'feelings' but do not define them specifically except by word descriptions e.g. angry, sad etc	Recognise 'feelings' (largely as physiological responses) but do not think them consistent or reliable enough to define or categorise emotions
Emphasise language, especially propositional forms, thus excluding children (and animals)	Some contemporary approaches accept that cognition is not necessarily language-dependent and can be adapted to include children (and animals)
Conflicting beliefs giving rise to conflicting emotions are not considered a conceptual problem once they are understood – they can coexist albeit uncomfortably.	Conflicting beliefs manifesting as inappropriate emotion is a potential conceptual problem, as well as a practical one.

Comparing psychological with philosophical considerations has its uses: seeing how a therapeutic approach is rooted in conceptual and philosophical ground, especially when that can be traced back over two and a half millennia, can help to clarify and authenticate the modality. Still and Dryden urge caution: "It can certainly be illuminating to compare and contrast analogous concepts from different discursive formations, but misleading to use one as a yardstick to judge the other." (1999, p.144). Making the distinction between cognitions being constitutive of emotions or being causative is of less importance for the jobbing cognitive therapist: does it matter that a belief appears to lead to an emotion or is part of it? From a practical perspective, it may be better to accept that thoughts and emotions are functionally linked in some way, and this forms a useful interface at which a therapeutic intervention can be applied. However, it is valuable to recognise that trying to shoe-horn experience into propositional-style utterances may lead to error through

misinterpretation or inadvertent fabrication, and as some philosophers and therapists have realised, it may also deprive experience of some of its defining phenomenological aspects.

Endnotes:

(1) Taken from the 1994 version p.65 of "Reason and Emotion in Psychotherapy" by Albert Ellis, p.65

BIBLIOGRAPHY

Beck, A.T. (1976). *Cognitive Therapy and the emotional disorders*. New York: NAL Penguin Inc.

Beck, J.S. (2021). *Cognitive Behaviour Therapy: basics and beyond*. 3rd ed. New York: The Guildford Press.

Biletzki, A. (2021). "Ludwig Wittgenstein" #3.4, *The Stanford Encyclopedia of Philosophy* (Fall 2023 Edition), Edward N. Zalta & Uri Nodelman (eds.), URL = <https://plato.stanford.edu/archives/fall2023/entries/wittgenstein/>

Broadbent, A. "Causation." *Internet Encyclopedia of Philosophy*. ISSN 2161-0002. <https://iep.utm.edu/causation/>

Calhoun, C. (2003b). "Cognitive Emotions?", in Solomon, R.C. (Ed.). *What is an emotion?* (2003b) 2nd ed. New York: Oxford University Press. pp.236-247.

Cedeno, R. and Torrico, T, J. (2024). "Adlerian Therapy". StatPearls [Internet], National Center for Biotechnology Information (NCBI). Treasure Island (FL): StatPearls Publishing. URL = <https://www.ncbi.nlm.nih.gov/books/NBK599518/>

David, L. (2013). *Using CBT in General Practice*. 2nd ed. Banbury, Oxon: Scion Publishing Ltd.

Deigh, J. (2010). "Concepts of Emotions in Modern Philosophy and Psychology", in Goldie, P. (Ed.), *The Oxford Handbook of Philosophy of Emotion*. Oxford: Oxford University Press. pp.17-40.

Descartes, R. (2017). *The passions of the soul*. Translated by J. Bennett. URL = <https://earlymoderntexts.com/assets/pdfs/descartes1649.pdf>

Descartes, R. (1968). *Discourse on method and the meditations*. London: Penguin.

Dryden, W, and Ellis, A. (2001) "Rational Emotive Behaviour Therapy", in: K Dobson (Ed). *Handbook of Cognitive Behaviour Therapies*. New York: Guildford Press. (pp.295-348).

Dryden, W. and Still, A.W. (1998). "REBT and rationality: philosophical approaches". *Journal of Rational-Emotive and Cognitive Behavior Therapy*, 17, pp.143-164.

Ellis, A. (1962) *Reason and emotion in psychotherapy*. New Jersey, US: Citadel Press

Ellis, A. (1989). "The History of Cognition in Psychotherapy", in *Comprehensive Handbook of Cognitive Therapy*. Freeman, A. et al. (Ed), (New York: Springer Science+Business).

Ellis, A. (1991). "The revised ABCs of Rational-Emotive Therapy (RET)". *Journal of Rational-Emotive and Cognitive-Behavior Therapy*. Vol 9, No.3, Fall 1991.

Ellis, A. (1994). *Reason and emotion in psychotherapy* (revised edition). New York: Carol Publishing Group.

Ellis, A. and MacLaren, C. (2005). *Rational Emotive Behaviour Therapy: a therapist's guide*. 2nd Ed. California, US: Impact Publishers.

Ellis, A. (2005). "Discussion of Christine A. Padesky and Aaron T. Beck, 'Science and Philosophy: Comparison of Cognitive Therapy and Rational Emotive Behaviour Therapy'". *Journal of Cognitive Psychotherapy: An International Quarterly*, Vol. 19, No. 2, 2005. pp.181-189.

Epictetus. (2022). *Epictetus: the complete works*. London: The University of Chicago Press, Ltd.

Evans, J. (2012). "An interview with Martha Nussbaum on Neo-Stoicism".
<https://emotionsblog.history.qmul.ac.uk/2012/11/an-interview-with-martha-nussbaum-on-neo-stoicism/>

Farnsworth, W. (2018) *The practicing Stoic*. Boston, Massachusetts: Godine.

Finlay, L. 2015. *Relational integrative psychotherapy: Engaging process and theory in practice*. (1st ed.). John Wiley & Sons, (p.26).

Frede, D. (2003). "Stoic Determinism", in Inwood, B. (Ed), *The Cambridge companion to the Stoics*. Cambridge: Cambridge University Press. pp.179-205.

Gallow, J. Dmitri, (2022). "The Metaphysics of Causation", *The Stanford Encyclopedia of Philosophy* (Fall 2022 Edition), Edward N. Zalta & Uri Nodelman (eds.), URL = <https://plato.stanford.edu/archives/fall2022/entries/causation-metaphysics/>

Gill, C. (2010). "Stoicism and Epicurianism", in Goldie, P. (Ed.), *The Oxford handbook of philosophy of emotion*. Oxford: Oxford University Press. pp.143-166.

Goldie, P (2004). "Emotion, Feeling and Knowledge of the World", in Solomon, R.C. (Ed). *Thinking about feeling: contemporary philosophers on emotions*. New York: Oxford University Press. pp.91-106.

Gottlieb, A. (2016). *The dream of reason*. 2nd ed. New York: W.W.Norton and Co.

Graver, M. (2009). *Stoicism and emotion*. Chicago, US: Chicago University Press.

Hadot, P. (2004). *What is Ancient Philosophy?* Cambridge MA: Harvard University Press.

Hoffman, S.G. et al. (2012). "The Efficacy of Cognitive Behavioural Therapy: A Review of Meta-analyses." *Cognitive Therapeutic Research*. 2012 Jul 31;36(5):427–440.

Hough, M. (2021) *Counselling skills and theory*. 5th ed. London: Hodder Education.

Hume, D. (2017). "The Idea of Necessary Connection", in *An enquiry concerning human understanding*. Translated by Jonathan Bennett. Vol. 2. Early Modern Texts, 2017. Section 7, pp.29-39. URL =

<https://www.earlymoderntexts.com/assets/pdfs/hume1748.pdf>

Inwood. B. (2018). *Stoicism: a very short introduction*. New York: Oxford University Press.

James, W. (1884). "What is an Emotion?" *Mind*, Vol. 9, No. 34 (April,1884), pp.188-205.

Kenny, A. (1963). *Action, emotion and will*. London: Routledge and Kegan Paul.

Mansson, K.N.T. et al, "Neuroplasticity in response to cognitive behavior therapy for social anxiety disorder." 2016 Feb 2;6(2):e727 URL

= <https://pmc.ncbi.nlm.nih.gov/articles/PMC4872422/>

McEachrane, M. (2009). "Capturing Emotional Thoughts: The Philosophy of Cognitive Behavioural Therapy", in Gustafsson, Y., Kronqvist, C. and McEachrane, M (Eds.) *Emotions and understanding: Wittgensteinian perspectives*. Basingstoke: Palgrave Macmillan. pp.81-101.

Mill, J. S. (1854), in Review of "A System of Logic, Ratiocinative and Inductive, being a Connected View of the Principles of Evidence, and the Methods of Scientific Investigation Third Edition. 2vols. The North American Review, JANUARY, 1854, Vol. 78, No. 162 (JANUARY, 1854), pp.82-105. Published by: University of Northern Iowa.

Nussbaum, M.C. (2001). *Upheavals of thought: the intelligence of emotions*. New York: Cambridge University Press.

Padesky, C.A. and Beck, A.T (2003). "Science and Philosophy: Comparison of Cognitive Therapy and Rational Emotive Behaviour Therapy". *Journal of Cognitive Psychotherapy: An International Quarterly*, Vol. 17, No. 3, 2003. pp.211-224.

Plato (2007). *The Republic*. 2nd ed. London: Penguin Books Ltd.

Robertson, D. (2020). *The philosophy of Cognitive-Behavioural Therapy (CBT): Stoic philosophy as rational and cognitive psychotherapy*. 2nd ed. Abingdon, Oxon: Routledge.

Russell, B. (2004). *History of western philosophy*. Abingdon, Oxon: Routledge.

Scarantino, A. and de Sousa, R. (2018). "Emotion". *The Stanford Encyclopedia of Philosophy* (Summer 2021 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2021/entries/emotion/>

Schmitter, A.M. (2021a). "Ancient, Medieval and Renaissance Theories of the Emotions" (supplement to "17th and 18th Century Theories of Emotions") *Stanford Encyclopaedia of Philosophy* URL. (Summer 2021 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/entries/emotions-17th18th/LD1Background.html>

Schmitter, Amy M. (2021b) "Hume on the Emotions" (supplement to "17th and 18th Century Theories of Emotions"), #2. *The Stanford Encyclopedia of Philosophy* (Summer 2021 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/entries/emotions-17th18th/LD8Hume.html>

Sellars, J. "Neo-Stoicism", *Internet Encyclopaedia of Philosophy*. URL = <https://iep.utm.edu/neostoic/>

Solomon, R.C. (2003a). *Not passion's slave: emotions and choice*. Oxford University Press.

Solomon, R.C. (2003b). *What is an emotion?* 2nd ed. New York: Oxford University Press.

Solomon, R.C. (2004). *Thinking about feeling: contemporary philosophers on emotions*. New York: Oxford University Press.

Still, A. and Dryden, W. (1999). "The Place of Rationality in Stoicism and REBT". *Journal of Rational-Emotive & Cognitive-Behavior Therapy*. Volume 17, Number 3, Fall 1999.

Sutton, J. "Integrative Therapy: Definition, Techniques, & Examples". *Positive Psychology*. 25 May 2025 (<https://positivepsychology.com/integrative-therapy/>)

Ungar-Sargon, J. (2025). "The Crisis of Language in Therapeutic Practice: Integrating Wittgenstein, Heidegger, Lacan, and Mystical Approaches". *Journal of Behavioural Health*, 2025, Vol.14, No.2.