Title

Ancient Philosophy and Cognitive Behavioural Therapy

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Abstract

The aim of this thesis is to contribute to literature supporting the psychotherapeutic value of philosophy and the philosophical foundation of psychotherapy. For this purpose, I compare ancient philosophical theories with Cognitive Behavioural Therapy (CBT), in the context of three areas which are central to mental wellbeing: self-knowledge, cognition and values.

In the first chapter I focus on similarities between self-knowledge in Plato and CBT, which include that it is integral for a meaningful life, and it involves knowledge of what is good. I focus on self-knowledge as self-constitution, on stages of self-knowledge and on the objectivity of self-knowledge in Plato and CBT.

The second chapter concerns cognitions in Stoicism and CBT. This comparison demonstrates the equivalent role which cognitions have in the development of psychopathology and the promotion of mental wellbeing, in Stoicism and CBT. I also identify similarities in terms of treatment, particularly relating to cognitive restructuring. I dedicate a section on the presentation of Stoic notions which are equivalent to core beliefs in CBT.

Finally, I compare how Aristotle and CBT address human values. Similarities and differences are identified relating to key elements of Aristotle's theory of value including the human good, virtues, and methods of knowing what to do, including induction and rational deliberation. I then focus on the implications of value imprecision in Aristotle's theory and CBT. In each area, similarities point towards the therapeutic value of philosophy, which contributes to research demonstrating that a refocus on the practical utility and significance of philosophy is long overdue.

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Introduction

Exploring the role philosophy has in psychotherapy contributes to literature which claims that engaging in philosophy can improve one's mental health and wellbeing (Stammers and Pulvermacher, 2020; Gindi and Pilpel, 2014; Banicki, 2014; Rybar, 2008; Marinoff and Kapklein, 1999; etc.). The identification of alternative methods of promoting mental wellbeing instead of, or in addition to psychotherapy is important, in the context of an increase in mental health issues, a lack of resources in mental health services and long waiting lists for psychological interventions (Richards and Suckling, 2009). Increasing awareness of the similarities between philosophy and psychotherapy, also highlights a practical role for philosophy and the benefit of lifelong engagement with it (Heron and Cassidy, 2018; Malboeuf-Hurtubise et. al., 2021; Quickfall, A., 2021). This thesis contributes to this attempt, by demonstrating similarities between philosophy and Cognitive Behavioural Therapy (CBT).

I consider CBT because it is an influential tradition within psychological therapy (David and Cristea, 2018). It is a primary treatment option for common mental health disorders (NICE, 2011), its effectiveness is comparable with that of pharmacological interventions, often with longer lasting results (Cujipers and Gentili, 2017) and it has a strong evidence base demonstrating its efficacy (Hoffman et. al, 2012).

CBT is not without its challenges however, including dropout rates, treatment refusal, limited comparisons with other active treatments (Arch and Craske, 2009). There are various interesting critiques of CBT which have implications for the method. Some include that it does not take sufficient account of early development (Ryle, 2012), it is considered mechanistic, it is demanding for clients, and it is not suitable for everyone (Blenkiron, 1999). Some claim that

its effectiveness is overstated in the literature (Leichsenring & Steinert, 2017), it is uncertain whether symptom changes persist long term (Parker, Roy and Eyers, 2003), it entails a 'one size fits all' approach, and it does not sufficiently address comorbidity (Schaeuffele, et. al., 2021).

Despite these limitations, CBT is a first line, cost-effective form of psychotherapy with a strong evidence base (Hoffman, et al., 2012) and it is overall an influential tradition within psychological therapy. CBT emphasises the interactive, mutual effect which thoughts, emotions and behaviours have on one another. Maladaptive thoughts, feelings and behaviours result in mental health difficulties. The aim of CBT, therefore, is to alleviate distress by enabling one to better manage these factors and to promote more adaptive ones. It is a directive yet collaborative, time-limited, structured therapeutic approach with the goal of reducing symptoms to enhance one's quality of life (Beck, 1979).

As the philosophical theories of Plato, the Stoics and Aristotle are not the only type of philosophy, likewise CBT is a form of psychotherapy but not the only one. My conclusions, therefore, about the relationship between these philosophical disciplines and CBT may not apply to therapy and philosophy more generally.

It is clear that aspects of the philosophical thought of Plato, the Stoics and Aristotle share commonalities with aspects of CBT. My aim is to present some of these in the context of three areas of psychological wellbeing and psychotherapeutic practice which are central to improvement in mental health and quality of life. These are 1) self-knowledge, 2) cognition, and 3) values. These areas range from an internal narrow focus on oneself, extending to a wider external focus represented in perceptions, concluding in a metaphysical view on what matters for a meaningful life. Improvement in these areas is an ongoing lifelong process which

enhances one's quality of life. This was acknowledged by the ancient philosophers presented and the view is revitalized and put into practice in CBT.

In the first chapter I focus on the link between self-knowledge in Plato's dialogues and CBT. An overarching similarity is that of the importance of self-knowledge for their theory and the impact that it is considered to have on one's life. In Plato's dialogues it is the foundation of a virtuous life, and therefore constitutive of a meaningful life, and it enhances interpersonal relationships. It also involves knowledge of the Good which in Plato's dialogues is understood as the highest form of happiness. Similarly, self-knowledge in CBT is a necessary requirement for therapeutic success and client improvement. Self-awareness is increased throughout therapy either directly through specific techniques, or indirectly via discussions with the therapist. It is a social endeavour since it requires collaboration, and it results in better human relations. In both Plato's philosophy and CBT, enhancing self-knowledge is a life-long process, not an achievement which can be accomplished and set aside.

Following this general outline of similarities, I turn to specific interpretations and readings of Platonic self-knowledge and how they relate to CBT. Since a comprehensive analysis of all relevant material is impossible due to space restrictions, I choose specific areas which I find to be most relevant and interesting. These include 1) self-knowledge as self-constitution, 2) stages of self-knowledge as self-improvement and 3) the objectivity of self-knowledge. The first area of interest is related to the understanding that each time one increases self-awareness, one becomes a new self, which makes self-knowledge a special type of knowledge. I discuss this in the context of Plato's philosophy and CBT. In the second area of interest, I analyse stages of epistemic self-improvement in the allegory of the cave, and I note equivalent stages of self-improvement for clients of CBT.

Following these, in the third area of interest, I focus on an objection to the link I am proposing, which relates to objectivity in method and outcome in Plato's philosophy and CBT. I argue that self-knowledge in both has a subjective part and an objective part. I demonstrate that it is equally objective in both, if it can be considered as such in either, which I think it can. I conclude that there is a substantial link between these two theoretical approaches in terms of self-knowledge. I argue that they are equivalent and similar, however they are related to different levels on a common spectrum towards ultimate happiness.

In the second chapter I am interested in perception and thoughts about oneself and the world in the context of Stoicism and CBT. I explore the role of thought in wellbeing and happiness, including its relation to mental health difficulties and distress. The quality of one's beliefs, judgements and evaluations is arguably the most important factor in theories of wellbeing and psychopathology in Stoicism and CBT. For this reason, both disciplines have elaborate recommendations and specific methods of examining and if necessary, correcting cognitions. I present similarities identified in specific practices relating to cognitive restructuring.

I then narrow down to a specific factor of cognitive theory in CBT, which is core beliefs. I consider these to have an integral role in psychopathology and wellbeing, however they are not prevalent or popular in the literature comparing stoicism to CBT. I initially demonstrate similarities between constituent elements of core beliefs and corresponding ones, mainly in Epictetus. Then I focus on similarities and differences between core beliefs in CBT and *prolepseis* in Stoicism. I argue that *prolepseis* are more teleologically focused, recommending change in terms of reaching ultimate happiness, whereas change in the context of negative core beliefs is more focused on overcoming the impact of the past. Also, in terms of *prolepseis*, guidance is very specific since the Stoics dictate what one should think and value, whereas CBT is less structured in this, allowing for more freedom and individualism. It appears that the

Stoics surpass CBT in terms of metaphysics and theory, whereas CBT is more practical, taking into consideration what one is capable of in terms of change and improvement.

In the final chapter, I discuss the significance of values in Aristotle's philosophy and CBT for wellbeing and happiness. I initially provide an overview of the meaning of the term value in both areas, before narrowing down on specific elements involved. My comparison takes place in the context of 1) the human good or end, 2) moral and theoretical virtues, and 3) ways of knowing what to do. I explore similarities and differences between Aristotle's thought and CBT in each of these contexts.

I then dedicate a section to imprecision in Aristotle's theory of value, which is an area of debate in literature. I present a general overview of the debate and I examine imprecision in CBT. Following a demonstration of the adverse implications of imprecision in the context of Aristotle's theory and CBT, I conclude that value imprecision is dangerous. Aristotle turns towards metaphysics to resolve this, whereas CBT does not show interest in such considerations. This suggests recommendations for CBT which also involve ways of improving values. One such suggestion is that, when appropriate, CBT take philosophical theories into consideration in the same way it takes all other life disciplines into consideration.

I believe that comparing ancient philosophy with psychotherapy is important for numerous reasons. As mentioned, identifying other ways to promote mental health is beneficial for people who may not have access to mental health services, or who may need additional resources. If this thesis is convincing in demonstrating similarities between the philosophical theories of Plato, the Stoics and Aristotle and CBT, then engaging in philosophy may be a method of increasing one's mental health and overall wellbeing. This comparison indicates the practical utility of philosophy, and it invites one to consider other ways in which philosophy could help to improve one's quality of life (Marinoff, 2009). Additionally, this comparison

contributes to the argument in favour of increasing the presence of philosophy in schools (Worley, 2018; Goucha, 2007). Finally, if similarities between them indicate that CBT has an intellectual debt to ancient philosophical theories, then the differences may imply that CBT could further benefit from philosophical considerations.

These factors motivated me to explore this topic further. It is worth noting that the relationship between the philosophical theories of Plato, the Stoics and Aristotle, and CBT is not always straightforward or consistent. In some cases, I observe similarities or commonalities regarding terminology, purpose, or practice, for example Socratic questioning. Other times I identify equivalence of ideas for example core beliefs with *hexeis* as tendencies in the Stoics. Alternatively, some areas of their theory may overlap, or they may resemble one another in terms of the development or the impact of each approach. For this reason, my terminology is not always consistent. Depending on the point being made, I use different terms including similarities, commonalities, a link or a relationship. What unites these observations is that they reinforce the comparability of these philosophical theories with CBT. This is necessary to strengthen or justify the therapeutic value of philosophy and to imply that CBT could benefit from philosophical considerations.

In terms of methodology, I mainly focus on primary sources of Plato, the Stoics and Aristotle, to determine parts of their theory which are most relevant to CBT. This initial stage indicated areas to explore which are prevalent in each philosophical theory, specifically self-knowledge as integral to Plato's philosophy, cognitions to the Stoics and values to Aristotle's thought. I then turned to secondary sources to elaborate further on each of these areas. Similarly, regarding CBT, I initially approached the topic by reading the key texts. I then conducted article searches on each topic of interest to gather further data to explore my argument.

This methodological approach has advantages and limitations. One advantage is that by focusing mainly on primary sources, I was able to initially explore relevant points from an unbiased perspective, free from interpretations of other researchers. My argument was then complemented by engaging in secondary literature. This enabled me to elaborate further on my own observations, draw on other researcher's points and fill in any gaps in my understanding of the primary sources.

One limitation of this approach is that by focusing on specific areas for each philosophical theory (self-knowledge, cognition, and values), I have omitted important information which both enhances the link between philosophy and psychotherapy and weakens it. This also limited my presentation of areas of CBT, since I used keywords related to my areas of interest when exploring the literature. This was expected however, since it is impossible to provide a comprehensive analysis of all points of comparison between CBT and the philosophical theories of Plato, the Stoics and Aristotle in a single thesis. Another limitation relates to researcher bias. I started this exploration with the purpose of identifying a link between philosophy and CBT. Although not intentionally, this may have resulted in me noticing information which supports my argument more than information which opposes it. I have tried to keep a balanced approach to neutralise this bias. Despite these limitations, I hope that this thesis is convincing in demonstrating areas of similarities and equivalence in CBT and the philosophical theories of Plato, the Stoics and Aristotle.

1. Self-knowledge in Plato and CBT

This first chapter is dedicated to the identification of similarities and points of congruence between relevant interpretations of self-knowledge in Plato's philosophy and self-knowledge in CBT. Despite the variety of interpretations of Plato's view of self-knowledge, there is a strong argument to be made in support of their resemblance. It is worth noting at this point that this link has been denied in the literature. One example of this is an objection made by Rowe (2010) who claims that self-examination in Plato is examination of one's belief sets. He maintains that from this interpretation, if there is 'therapy' involved here it is that of a research obsessed tutor which does not resemble that of psychotherapy. He claims that anyone yielding to the temptation to assimilate psychotherapy to Socratic practice, does not understand Plato.

I argue that this is a strong statement which is not accurate. I shall successfully *yield to the temptation of assimilating* the two and argue that if one excludes the possibility that the two are similar, one has *not understood psychotherapy,* or at least that one has a limited understanding of what therapy entails. I will meet Rowe's challenge by first introducing the notion of self-knowledge in Plato's philosophy and CBT, and then proposing that there is a connection between the two, before dedicating a section to the argument presented here by Rowe. I argue that Platonic self-knowledge has a subjective and an objective aspect, which *similarly* applies to self-knowledge in CBT. In other words, I will demonstrate that *if* one considers Platonic self-knowledge to have an objective aspect, then one should accept that CBT has one for analogous reasons.

In section 1, I focus on self-knowledge in Plato's philosophy. Various perspectives are discussed, and certain common characteristics between interpretations are identified. I will demonstrate that according to these readings of Plato self-knowledge is constitutive of a meaningful life for the following reasons:

1. It entails discarding false beliefs
2. It is the foundation of a virtuous life and therefore it is constitutive of one's *psyche* or soul (the immaterial aspect of humans)
3. It entails epistemic virtues, without which progress in inquiry cannot take place
4. It involves a life-long attitude making it the beginning of philosophical education
5. It improves interpersonal relationships

The importance of self-knowledge is indicated by the fact that ignorance is thought to prevent a meaningful life and attaining self-knowledge is a means by which ignorance can be reduced or eliminated. These interpretations emphasize the importance of acknowledging the self as limited and having an inquiring attitude as a condition for self-improvement (Bell, 2018; McCoy, 2018; Hyland, 2018; Ahbel-Rappe, 2018; Marrin, 2018). Self-knowledge in Plato also, necessarily has a practical aspect as it leads to an increase in one's understanding of others and in empathic responses towards them (McCoy, 2018).

Following my defence of the view that self-knowledge is constitutive of a meaningful life, I will draw attention to the linked notion of self-knowledge as *knowledge of the Good*. The point to be made here is that since self-knowledge includes recognising limitations and areas of improvement, it is necessary that one has an ideal in light of which one is improving. In other words, one will need to have an understanding of what is *good*. I will support that knowledge of the *Good* is both a requirement and a component of self-knowledge in Plato.

In section 2, I will introduce the notion of self-knowledge in Cognitive Behavioural Therapy. To start with, I will clarify that *therapeutic self-knowledge* is of a special kind, not to be confused with self-knowledge in its common use. In therapeutic self-knowledge, for example, one attempts to construct a relatively stable and clear image of oneself and one's mental states which highlights strengths and weaknesses. Intentionally or indirectly self-knowledge brings about self-improvement.

I will demonstrate further that self-knowledge in CBT has an empowering and reformative nature. Self-knowledge increases one's sense of responsibility, autonomy, and control. The assumption in CBT is that one will need to be the type of person who is *able* to obtain self-knowledge, or that one should become such. This will include the client acknowledging ignorance, having an open and inquisitive stance, and recognizing and wanting to increase self-awareness and make changes. Further, self-knowledge in therapy has a significant social dimension due to the following facts:

1. It is achieved through a collaborative alliance between client and therapist instead of independently.
2. Therapeutic self-knowledge requires that one be able to understand others, to compare oneself socially and to have a notion of what is ideal or good, towards which one will be directed.
3. Improvement in self-knowledge leads to improvement in interpersonal relationships.

Maintaining and increasing self-knowledge and self-improvement are life-long, interactive, ongoing processes that do not end upon completion of the therapeutic sessions. CBT provides the first step where techniques which enhance self-knowledge can be practised,

then it is expected that the techniques will become a habit for the client, who will continue to practice them long after therapy is completed.

Following this general overview of similarities, I continue the comparison in the context of specific interpretations and readings of Platonic self-knowledge. In the first of these I focus on self-knowledge as self-constitution. According to this interpretation, when one enhances one's self-awareness, then one becomes an improved version of oneself, emphasising the constitutive nature of self-knowledge. This is also recognised in CBT as I shall demonstrate.

The second reading relates to specific stages of self-knowledge as self-improvement. In this section I discuss stages of epistemic self-improvement as presented in the allegory of the cave. I demonstrate that equivalent stages of self-improvement apply to clients engaging in therapeutic process of CBT. These four stages, represent four types of self-knowledge and they include: 1) the eikastic type which is an incomplete, naïve self-knowledge; 2) the aporetic type which represents the confusion one experiences as one starts to question oneself; 3) the dianoetic type, in which one experiences oneself as improved and one becomes more aware of what satisfies one's soul; 4) the intellective self-knowledge, in which stage harmony is achieved between the human condition and the ideal.

I then explore the argument represented by Rowe (2010) against the similarity of Platonic self-knowledge and that of CBT and I offer my response to it. He claims that these two approaches differ in terms of objectivity in method and outcome. My response to this is that Platonic self-knowledge has a subjective and an objective aspect, which *similarly* applies to self-knowledge in CBT. In other words, I will demonstrate that *if* one considers Platonic self-knowledge to have an objective aspect, then one should accept that CBT has one for analogous reasons.

I conclude that there are multiple similarities between self-knowledge in Plato's philosophy and CBT which support their equivalence. I do not think, however that CBT is simply a modern version of Plato in this context. Rather I argue that their commonalities and differences indicate that they are related to two different stages or levels of self-knowledge on a spectrum from the furthest one can be from true self-knowledge to the closest. This is important because it suggests not only that Plato has therapeutic value, but also that CBT could be improved by considering aspects of ancient philosophy.

1.1 Self-knowledge in Plato

Self-knowledge has proven to be one of Plato's most discussed topics, something not only evident by the size of the available literature but also by the variety of perspectives taken and interpretations given (for example Griswold, 2010; Gill, 2008; Ambury and German, 2018; Moore, 2015). This makes it difficult but also interesting to identify key ideas to include in a satisfactory overview as is my aim here.

In *Laches* (Plato, *Laches*, 187e-188c), Nicias comments that whatever conversations appear to be about, when associating with Socrates, they are ultimately always about oneself. This highlights that the most prevalent feature of the Socratic dialogues is self-knowledge. This is further implied in Socrates' claim that 'the unexamined life is not worth living' (Plato, *Apology*, 38a5) and the Delphic inscription 'Gnothi seauton', or 'know thyself', which is highlighted in the dialogues (Jowett, 1892). Due to its prevalence in the dialogues, German and Ambury (2018) consider it to be the intersection or the joining element of Plato's work.

Some prevalent theoretical approaches to self-knowledge in Plato view it as a condition for a meaningful life; This is not only due to the positive advantages of self-awareness but also because it results in having a certain attitude towards knowledge and life in general. It is also

considered closely linked to knowledge of the *Good* which is foundational for a virtuous life (e.g. McCoy, 2018; Hyland, 2018; Bell, 2018; Ahbel-Rappe, 2018).

Before continuing with my argument, it is worth noting that some researchers question the authenticity of certain dialogues used in this thesis, for example Theages and Alcibiades (Nehamas, 1999). I believe that this discussion is important, however for the time being, I agree with those who point out that there is not sufficient evidence to deny that they are works of Plato (Jirsa, 2009; Grote, 2010). I therefore make use of the dialogues as if they belonged to Plato in the same way other theorists do (Tuozzo, 2018; Moore, 2015; and Rowe, 2010). Additionally, even if they are not authentic, this does not undermine my argument, since the information I draw from these dialogues is consistent with other sources and the overall Platonic tradition. I believe therefore that the issue regarding the authenticity of these dialogues is important in general and should be taken seriously. For the scope of this thesis, however, regarding my use of them to reinforce my argument, their authenticity is not of central importance.

1.1.1. Self-knowledge as constitutive of a meaningful life

One thing that commentators agree on is that in Plato self-knowledge is considered important to live meaningfully (Moore, 2015, German and Ambury, 2018; De Landazuri, 2015). Wakefulness is related to self-knowledge and the 'good life' whereas sleep relates to self-forgetfulness and ignorance which result in a 'bad life' (Bell, 2018, pp 132-133). Bell explains this further by pointing out that in Plato self-knowledge is "…knowledge of one's soul and that the soul, as the existential principle of the self, is sovereign over the self" (Bell, p. 132). The relation of one's self to the Being (real, ultimate versions) of the virtues is constitutive of the soul itself and therefore the soul relies on the self's attempts to assimilate

these virtues. In other words, the soul's constitution depends on the relation one has with the virtues.

However, the self fails to recognize this and therefore it *neglects* itself and instead pursues things that seem to be good and believes mere *opinions* to be *known*. When the self is satisfied in achieving daily goods and believing that the Being of things is that which it perceives, it fails to strive for the real Good or Being of things and it remains asleep, this way ensuring that it does not achieve happiness. In this way a lack of self-knowledge and therefore of knowledge of how to best tend to ourselves leads to the deterioration of our soul and our *subservient selves* (Bell, 2018, pp 132-133). This *positive* aspect of self-knowledge which leads to a deep awareness of oneself and to virtue, is represented in the early dialogues, whereas the latter dialogues provide a negative sense of self-knowledge as freedom from false beliefs and from thinking that one knows what one does not know (Tarrant, 2018, p. 232).

One important way in which self-knowledge leads to a more meaningful life relates to the observation that *knowing oneself* entails *knowing one's ignorance* (McCoy, 2018*)*. This realization of ignorance could be seen as a condition for intellectual progress since it entails a desire to reduce ignorance by learning more, cultivating an inquisitive attitude. In other words, knowing oneself entails an epistemic virtue which leads to progress in inquiry. The aporia, or state of perplexity that results from knowledge of ignorance must be accompanied by an appropriate existential sense of the *self as limited*, without which no progress in virtue can take place (McCoy, 2018, p.169).

In this context self-knowledge should not be considered a body of theoretical knowledge which you can obtain and then maintain. It includes becoming more aware of aspects of oneself, however that is not the end. Rather, it is a way of living. It is an attitude towards life in that by having an aporetic stance, one keeps asking questions and seeking

knowledge. It is the continuous challenge of the philosophical life (Hyland, 2018, p.58). In this context self-knowledge and self-inquiry are seen as the starting point into philosophical education including epistemology, moral philosophy, and psychology (Ahbel-Rappe, 2018).

Marrin (2018) further supports this idea in his reading of *Theages* (Plato, *Theages*, 1997), in which the purpose of self-knowledge or the 'use of the self' (knowing what to do with oneself) is the beginning of philosophical education. In this dialogue Socrates uses the maieutic technique, according to which he does not provide the knowledge required but instead asks questions which guide his interlocutor to its discovery. Theages is required to recreate this technique within and toward himself, and this will then be used to explore knowledge more generally: "What the *Theages* offers instead is not so much an account as a dramatic enactment of the kind of attitude that Socrates thinks we ought to take to philosophy and philosophical education, one that could well be called a maieutic attitude" (Marrin, 2018, p. 98). In the same dialogue, Socrates' account of the divine voice demonstrates that only those receptive of what Socrates has to offer, will be benefitted by him and some of them only temporarily. This receptiveness indicates the requirement of having the right attitude for philosophical education, which is initially achieved by self-knowledge (Plato, *Theages*, 129e-131b).

Another way in which self-knowledge results in a more meaningful life is by improving interpersonal relationships, by enhancing one's empathic responses. In the context of the *Apology* (Plato, 1997) and *Meno* (Plato, 1997), McCoy (2018) demonstrates that Socratic wisdom entails a response of care for others. In his dialogues it is not enough that he discover that others are epistemically or morally limited, thus enhancing his understanding of his own wisdom. Rather, he further tries to make them realize their own ignorance which aggravates them and thus does not work in his benefit. He does this because he wants to care for their souls and improve them. This shows that his wisdom is not only epistemological, but it is also

practical and includes an understanding of humans and of their limitations as well as motivation to help them (McCoy, 2018 p. 177).

Additionally, when people are not able to acknowledge their limits, they often inappropriately feel hatred towards Socrates. This demonstrates one way in which "not knowing ourselves well, can lead to not caring for others well" (McCoy, 2018, p. 178). Socrates demonstrates his own practical wisdom by being compassionate and understanding their hatred as being a normal human reaction to aporia. He then continues to care about their souls by continuing to question them. This is not an easy achievement and not everyone can do it, for example in the second dialogue, despite Meno having made some epistemological progress in his definitions, he is not capable of a response of care to others. McCoy shows that one's own lived understanding of *know thyself* necessarily involves recognizing, and engaging with, the affective and emotional responses of the person with whom one is discussing. Being able to recognise and acknowledge one's own limitations makes one more tolerant and understanding of other people (McCoy, 2018, pp. 178-181). "Self-knowledge begins but does not end with the self" (McCoy, 2018, p. 185).

In this context self-knowledge involves increased self-awareness which results in self-improvement, better interpersonal relations since it includes a response of care towards others, and discarding false beliefs in search of the truth (Tarrant, 2018).

1.1.2. Self-knowledge as knowledge of the Good

Before focusing specifically on self-knowledge as knowledge of the *Good*, it would be helpful to remind the reader of some key ideas related to Plato's theory of knowledge in general. Although his theory of knowledge is dispersed among many of his texts, the most common examples he uses to illustrate his ideas are found in the *Republic* and they include the

metaphor of the sun, the analogy of the divided line and the allegory of the cave (Plato, 1997). According to the notion of anamnesis or recollection also found in *Meno* we have innate knowledge which is *real knowledge* compared to *opinion* which is not definite. When we are born, our soul is trapped, and we forget everything. Therefore, the quest to gain true knowledge is a matter of recollection. Any new information or evidence is used to help us to remember what we already once knew (Plato, *Meno*, 81b-86d). This suggests that all people can seek true knowledge if they can overcome obstacles in their way.

The divided line allegory symbolises the separation of the intelligible world from the visible world. Just as in the visible world there are ordinary objects and there are shadows and reflections of these, in the intelligible world there are realities and truths of objects and there are opinions of them (Plato, *Republic*, 509d–511e). In the sun metaphor Plato illustrates his belief that *intellectual illumination* is the Form of the Good. Just as we need light to see objects clearly, we need Forms (like beauty, wisdom, courage, justice, goodness, truth, absolute knowledge) to understand notions. Also, just as the sun is the best source of light, thus the Form of the *Good* is the Form that is most necessary to understand ultimate reality (Plato, *Republic*, 507c-509d). One thing that this implies is that one may be mistaken in one's beliefs and that one can rectify this with appropriate guidance.

This theory is also present in the allegory of the cave. According to this, people are tied up in a cave, able to see only shadows made of objects on the wall opposite them. One man then escapes this situation and is exposed to reality outside of the cave, in the sunshine. The shadows represent opinions of people based on their perceptions. The escapee is the philosopher who finds true knowledge beyond perception, enlightened by the sun. Upon returning to the cave, the philosopher is met by the opposition of his peers, which is representative of those who find it difficult to accept truths that are different to their

understandings and perceptions (Plato, *Republic*, 514a-520a). In addition to erroneous beliefs, this points to the social aspect and significance of true knowledge.

One more allegory worth mentioning, which demonstrates how one can make progress, is that of the charioteer myth in *Phaedrus* (Plato, 1997). In this, one's intellectual journey towards the Forms resembles that of a charioteer drawn by two winged horses, one white and one dark. The charioteer is reason, or intellect, the white horse is noble and represents the rational or moral impulse, while the dark horse represents the soul's irrational passions. The charioteer directs the soul/chariot towards the Forms and divine knowledge, by taming and controlling the horses (Plato, *Phaedrus*, 246a–254e). This illustrates the need to regulate one's passionate nature to reach true knowledge.

At this point it is worth noting some key points in Plato's theory of knowledge derived from these ideas and allegories which are also relevant to CBT, including that:

1) Erroneous beliefs and opinions are common, and one's task is to discard these and to seek true knowledge, a theme which is also important for self-knowledge.
2) In this journey of epistemic improvement, it is necessary to understand the *Good* which will function as a guide. This is also the case for self-knowledge as I shall demonstrate.
3) Discovering and revealing the truth is a challenging process which requires commitment, motivation, and dedication.
4) Reaching true knowledge in general and self-knowledge in particular, requires one to be a certain type of person, which includes one having a clear mind. This in turn requires a certain level of self-discipline and the ability to regulate one's emotions and mental states.

To return to the notion of self-knowledge as knowledge of the *Good* in Plato, true self-knowledge entails knowledge of the Good itself. For one to be able to recognise one's limitations and strengths, one will need to have a reference of comparison. In other words, one will need to know what is good or bad to know where one stands in relation to these (Gerson, 2018). This seems to be relatively straightforward, however in the context of the Platonic Forms and Good, *true* self-knowledge would require one to have knowledge of the Forms (for example true Beauty, Courage, Wisdom, Justice) and the true Good (Plato, *Republic*, 507c-509d). This is not as straightforward, and it is not known if anyone has ever achieved this.

Absolute knowledge of oneself involves knowing the *Good itself*. Gerson (2018), asserts that since part of self-knowledge is knowing what is good for oneself, then it requires understanding the *Good*. This would mean that it is not enough to know one's subjective states. One would additionally need to have knowledge of the ideal self or state. In Plato, according to Gerson (2018), to discover one's true self, one must separate apparent subjects from the true one. In other words, each time one believes or desires something, one constitutes a self which then is replaced by a new self when the belief or desire changes. The true self would be one which represents true belief and true desire (true desire here is desire for the true good). Therefore, knowing one's true self and knowing one's true good are inseparable. In supporting that the truest human self in Plato is the intellect, Gerson (2018) claims that one must have knowledge of the intellect to know oneself.

This also implies that if the aim of philosophy is to know the *Good* and knowing the *Good* is knowing oneself, then philosophy's aim is self-knowledge. According to this interpretation, knowing one's true self is inseparable from knowing one's *Good* and from knowing the *Idea* of the *Good*, which is so demanding it is questionable whether anyone can ever know one's true self and good (Gerson, 2018, pp. 15-18). However, this is not a reason to

give up on the pursuit of true self-knowledge, it just indicates that it is a lifetime pursuit and that one should try to direct oneself accordingly.

Tuozzo (2018) agrees with this perspective. He maintains that in *Alcibiades* (Plato, 1997) and *Charmides* (Plato, 1997) self-knowledge includes knowing what is good for humans in general and for oneself and how to achieve this. He notes that this idea involves knowledge of areas such as crafts and sciences but not as general knowledge. It is important to know how to use these objects to improve or benefit one's soul, which is one's *real self* (Tuozzo, pp.40-44). Again, this implies that one's private good is linked to the *Good* itself. Although the similarities between self-knowledge in Plato and that in psychotherapy will be addressed later, it might be beneficial to consider the Socratic notion of *Good* in terms of psychotherapeutic goals.

The complexity and difficulty of this combination of knowing oneself in the context of knowing the *Good* highlights how demanding this challenge is but also that it is worthwhile. Sanday (2018), emphasizes the importance of enduring the tension between theoretical *knowledge proper* (of Forms or the *Good*) and basic types of self-awareness and self-understanding which are embodied and interpersonal. One should not be consumed by self-concern to the extent that it makes one ignore the forms. By keeping an open stance towards the forms or the Good, one is consistently reminded of one's limitations, but one is also guided towards them. One must try to be satisfied by appreciating the forms and yet not being able to fully possess them. In a way, one exceeds one's limit via improvement guided by the Forms or the Good but at the same time one is constantly limited by them.

Sanday (2018, pp. 198-205) notes that this situation causes a psychological burden which is demonstrated in Alcibiades' inability to follow the philosophical path Socrates keeps presenting to him. When Alcibiades is in the presence of Socrates, he sees a fundamentally

better life and he feels distressed and unworthy for not following it. However instead of improving himself towards what he considers ideal, he returns as if enslaved to the honours granted by the Athenians. Sanday points out that in the symposium, in the context of this failure, Alcibiades on the one hand tries to exalt Socrates into something divine, beyond human nature and therefore unattainable and on the other hand as something insignificant which is not what it appears, implying possibly that the current human condition, which we are aware of, is the only reality. This represents the incomplete type of self-knowledge that would either focus on the divine as something unattainable or on one's current reality as sufficient.

Real self-knowledge which is encompassing includes both openness and awareness of the Good, knowledge of one's limits and recognition of one's ability to exceed those limits being guided by the Good. He argues that satisfying the need for both proper knowledge and self-awareness is important for self-knowledge and the philosophical life. Sanday demonstrates that in the *Symposium*, instead of discarding this tension, we are encouraged to live it, endure it and express it. The *Symposium* warns people not to live a self-ignorant or self-evasive life. Comparably in the context of CBT clients learn about themselves, but this involves a comparison both with other people (interpersonal) and with a conception of the ideal (Good). One can imagine the significance and difficulty of understanding oneself, others, the ideal and the way to best balance these to make necessary changes. "In order to pursue the beautiful itself not solely as an object of study but as divinely inspiring, we must allow ourselves to become open, unpossessive and transformable". (Sanday, 2018, p. 205)

I have mentioned some key points here as they will help identify similarities between Platonic self-knowledge and self-knowledge as a goal in CBT. There is consensus in the literature about Platonic self-knowledge being not solely the means by which we obtain a better understanding of ourselves, but also the means by which we attain knowledge of the *Good*, transforming ourselves, acknowledging our limitations, and having an attitude which facilitates

further knowledge. Self-knowledge leads to a more meaningful and virtuous life, and it has a positive impact on our interpersonal relationships. It seems that we find all these aspects of Platonic self-knowledge in the notion of self-knowledge deployed in psychotherapy.

1.2 Self-knowledge in psychotherapy

In one way or another, psychotherapy attempts to reframe, enhance, and refine the clients' own understanding of themselves. CBT is a popular form of psychotherapy which emphasises the interactive mutual effect thoughts, emotions and behaviours have on one another. Maladaptive thoughts, feelings and behaviours result in mental health difficulties and therefore the aim of CBT is to change these, by replacing them with more adaptive ones (Beck, 1979). Self-knowledge and insight are an integral part of psychotherapy and a necessary condition for CBT to have its modifying effects. In other words, self-knowledge is required for one to receive the full benefits of CBT and for one to make the changes desired (Elkin et al. 1989; Farrel and Shaw, 1994). Clients engaging in CBT must be aware of their mental states, behaviours, and cognitions to be able to adapt them.

During the psychotherapeutic process one gains a better understanding of oneself either indirectly through general conversation or directly via methods which are developed for that purpose. This is the case for all clients whether they have a diagnosis or not, regardless of their difficulties which may vary significantly in terms of presentation and level of severity. From the first CBT session one speaks to the therapist about oneself and one's difficulties. In the following sessions one is repeatedly given the opportunity to think about one's maladaptive beliefs, emotions, and behaviours and by examining them, in collaboration with the therapist, one comes to view one's mental states from a new perspective (Beck, 1979).

This type of insight and disclosure is not the same as that which takes place in non-professional contexts (Andrews, 1996). During therapy, one is protected by confidentiality and has been encouraged overtly or covertly to speak openly and honestly about one's difficulties. In most cases, those attending CBT acknowledge that they need help and view the professional as someone who will assist them in achieving their goals. Therefore, it is usually the case that clients are keen to provide the professional with all relevant information particularly as the therapeutic alliance grows stronger (Farber, 2006; Beck, 1979).

Specific methods are used to enhance the client's self-knowledge and to encourage the client to develop and make a habit of self-awareness skills. Thought and emotion monitoring is a typical example. According to this method the clients fill in thoughts and feelings diaries, recording mental states in real time during the week. They also record past thoughts, feelings, and behaviours, increasing self-knowledge through the examination of past experiences (Beck, Rush, Shaw and Emery, 1979; Greenberger and Padesky, 2015). This increase in self-knowledge then directly and indirectly leads to therapeutic change.

This greater awareness results in an increased sense of control which leads to mental states being more readily regulated and managed. An example of this could be of clients with anger management difficulties. As the clients become more aware of their vulnerability, they develop coping strategies including self-talk which help them to reduce their anger and their dysfunctional behaviours more effectively. Taylor (1985) argues that we self-interpret and that these self-interpretations form us by informing and changing our attitudes. Apart from these indirect, unintentional changes that are caused by increased self-awareness, there are specific CBT techniques which use the self-knowledge information obtained to intentionally address maladaptive states for example cognitive restructuring, goal setting, behavioural experiments, exposure and relaxation techniques. (Greenberger and Padesky, 2015).

It can be noted that self-knowledge in the therapeutic sense is not as straight forward as it might seem. One may come to know about one's own mental states through psychology books or advice and theories of people in one's environment. This may result in one making a judgement about one's mental states that could motivate one to seek help. Alternatively, one may know one's mental states experientially for example by one being absorbed by fears in adverse situations. However, these forms of self-knowledge are not the form of self-knowledge that therapists aim for their clients to achieve. If not approached in a therapeutically appropriate way, self-knowledge could increase risk and be harmful for the person. Obtaining knowledge of one's fears, maladaptive thought processes, painful memories and paranoid beliefs could lead to feelings of helplessness, despair and make one give up or feel worse about oneself (Strijbos & Jongepier, 2018).

One example of negative self-knowledge is highlighted in research related to the difference between self-focused attention in the form of rumination and that of self-reflection. In the case of rumination, one repeatedly focuses on symptoms of distress and on possible causes and consequences of this, which results in an increase of mental distress or at least it counteracts any positive effects of insight. (Noelen-Hoeksema, 1991; Ingram, 1990; Pyszczynski and Greenberg, 1987). This is not the same as therapeutic self-awareness which aims at recognising aspects of oneself to facilitate improvement and promote wellbeing.

To achieve self-knowledge in psychotherapy Strijbos and Jongepier (2018) propose a dual perspective approach to therapeutic self-knowledge (self-knowledge that facilitates therapeutic change). According to this, on the one hand one will need to openly acknowledge and disclose one's desires, emotions, and beliefs. On the other hand, one will need to regulate this disclosure in a way that one considers to be adaptive. In other words, one is at the same time the person experiencing but also the person evaluating the experience. An example to clarify could be that of a 7-year-old boy, who feels frustrated and disappointed after wetting

the bed. The father will convey to the child that it is ok for him to feel this way, that he does not need to be upset and that it does not mean anything in terms of the child's self-determination. When the child is older and does not need the father's help, these comments will derive from an internalized second-person perspective which will regulate negative emotions. In the case of psychotherapy this adaptive second-person perspective on oneself will mirror the therapeutic relation, in that the psychotherapist will adopt and thus encourage a similar attitude towards one's frustration, anger and disappointment, which will be internalized and thus generalized.

In the context of self-regulation, another important point to make is that self-knowledge in CBT is not considered a matter of knowing oneself as a defined object. Instead, one recognises that the person *being known (object)*, is also the person *knowing (subject)*. Moran (2001) criticizes epistemic accounts of self-knowledge in which it is based on perception or theory-based observation (Dennett 1987, Gopnik 1993, Carruthers 2011). In this case, the person has a passive role in relation to the object as if the object exists independently of the subject examining. It is important to recognise that, as a self-knowing agent, one not only has special access to one's mental life but also, it is one's own and therefore is constantly changing as one's evaluations and judgements change. As such they reflect one's relation to the world, which is influenced by one's evaluations, corrections, doubts and tensions. One could say that the subjective approach influences the outcome in an ongoing way (Moran, 2001).

Although these brief notes have only introduced the notion of self-knowledge in psychotherapy, some of the information provided will contribute to a better understanding of how it relates to self-knowledge in Plato. It will be helpful to keep in mind some of the key ideas mentioned. Firstly, in the therapeutic sense self-knowledge differs from that in non-professional contexts primarily because it encompasses and aims at improvement. It is still not clear what the *Good* is in psychotherapy, however it seems plausible that it involves viewing

oneself from a societal perspective, in comparison with others and in relation to an accepted notion of *wellbeing*. Another key idea presented is that therapeutic self-knowledge relies on discourse with the psychotherapist and involves methods which have been deemed efficient, for example, the process of guided discovery, according to which the therapist facilitates exploration and realizations.

1.3 The compatibility of self-knowledge in Plato and psychotherapy

At this point an attempt will be made to further explore whether the type of self-knowledge discussed in terms of CBT is in any way related to the Delphic inscription 'know thyself' to which Socrates gave such significance. The main points made so far include the importance of self-knowledge in both Plato and CBT, that it involves knowledge of the Good or of wellbeing as a direction of improvement, and that it is a life-long, social process.

Due to the prevalence of self-knowledge in the dialogues German and Ambury (2018) consider it to be the intersection or the joining element of Plato's work. It is seen as necessary for a meaningful life (Bell, 2018), as implied in Socrates' claim that 'the unexamined life is not worth living' (Plato, *Apology*, 38a5). It entails knowledge of the Good itself since, which is considered the aim of philosophical inquiry. Platonic self-knowledge is a social process. It requires collaboration with others, since a requirement of self-knowledge in Plato is the dialectic process, and it leads to enhancing interpersonal relationships (McCoy, 2018). Finally, it is a life-long process and attitude towards life, not a task which can be completed and then set aside.

Self-knowledge is similarly foundational in Cognitive Behavioural Therapy. It is both an integral part of it and a requirement for CBT to have its modifying effects (Elkin et al. 1989; Farrel and Shaw, 1994). Clients learn and habituate techniques which directly enhance their

self-awareness and all skills and discussions in CBT facilitate self-knowledge indirectly. By furthering their self-knowledge, clients become aware of how to improve their circumstances, which involves becoming more aware of what is *better* or *ideal*, and naturally entails knowledge of what is *good*. Also, as in Plato, self-knowledge in CBT is collaborative and it results in improving one's understanding of, and relationships with, others. Finally self-knowledge and skills taught in CBT are intended to be a way of living, not just a process which ends with therapy termination.

It is clear that self-knowledge in Plato and CBT have many commonalities and that in certain ways they are equivalent. It is not however clear whether these similarities are deeply rooted and essential, or just superficial, and if there is a strong resemblance between the two, what is the nature of this relationship?

In general self-knowledge in Plato appears compatible with a common contemporary understanding of the term. It has been shown to refer to our idiosyncratic personality, our traits and how we acquired them. In *Philebus* (Plato, 2000) it has been shown to mean that one has a good understanding of one's financial, physical, and ethical qualities as well as one's capacity for wisdom. It has also been described as the introspective awareness of our mental states, for example when Socrates makes the point that feeling pleasure without being aware of it, is not indicative of a human life but of the life of a jellyfish. (German and Ambury, 2018).

In general, some of the main concepts derived from the aforementioned interpretations of Plato show that self-knowledge in antiquity shares common ground with therapeutic self-knowledge in CBT. It is worth noting that *therapeutic* self-knowledge may differ from one psychotherapeutic approach to another. As mentioned, I have chosen CBT because of its relevance and because it is currently one of the most popular forms of psychotherapy with a plethora of evidence supporting its effectiveness (David, Cristea, and Hofmann, 2018).

Following this general overview indicating areas of commonalities in terms of self-knowledge in these two approaches, I shall now focus on specific interpretations of platonic self-knowledge which I find interesting, informative, and relevant to CBT.

1.3.1. Self-knowledge as self-constitution

Another interesting way of looking at Platonic self-knowledge in the context of CBT is via Moore's (2015) interpretation of self-knowledge as self-constitution. Moore examines all relevant texts to resolve the confusion about the Delphic 'Know thyself'. He argues that all relevant issues could be avoided or dissolved, by viewing self-knowledge as self-constitution (Moore, 2015). Moore presents specific examples which support his argument, including textual evidence from *Charmides*, *Alcibiades*, and *Phaedrus* (Plato, 1997). Some of the key aspects of self-constitution emphasised in these texts include 1) being autonomous; 2) being responsible and having control over oneself; 3) being open to self-knowledge; 4) being motivated and committed to change; 5) recognising the role of other individuals in self-knowledge; 6) and acknowledging the importance of irrational desires (Moore, 2015). These are factors which have also been identified in interpretations mentioned previously and as demonstrated, they constitute significant components of self-knowledge in CBT.

In *Charmides* (Plato, 1997) self-knowledge at first seems impossible or useless. This is because it is based on a model of object perception, being concerned only with itself but nothing beneficial. When it is based on a model of interpretation and judgement, recognizing the object of self-knowledge to be of oneself (a person) it becomes useful. Moore claims that this is the difference between self-knowledge as a mode of epistemic inventory, and that as a mode of autonomy, constituting oneself as a person able to direct oneself toward publicly testable truth and goodness (Moore, 2015).

Moore mentions three pieces of evidence which validate this interpretation. The first consists of Critias' explanation of the inscription 'know thyself'. He claims that this inscription is a greeting by the gods and that it implies that the person is acknowledged as appropriate for conversation, which is foundational for self-constitution. This implies that the person is autonomous but also susceptible to what will follow. The second is the fact that Charmides' answers about the nature of sophrosyne become increasingly evaluative and social, compared to them being perceptual and internal to begin with. Finally, although the formulations all point to self-knowledge as being useless, Moore shows that this is not the case when it is achieved in the context of a recognition of one's areas of ignorance, an attempt to manage them and when striving for rational and moral responsibility (Moore, 2015).

Similarly, in CBT self-awareness or insight is not a matter of mere epistemic inventory. As noted in the first section, therapeutic self-knowledge is intrinsically linked to a component of self-improvement. The client naturally engages in self-constitution as he develops his understanding of himself as a responsible, autonomous person capable of being in control of his circumstances and mental states. During the CBT process, in sessions and between them, the person is constantly making judgements and interpretations as he analyses his mental states and experiences. These are often based on factors such as values, popular opinion and social norms and therefore on an idea the person has formed about what is true and good. The more self-knowledge clients obtain, the more they understand about others and about what is good and the more responsible, autonomous, and motivated they feel (Delsignore et al. 2008).

Self-constitution in the form of unintentional, automated changes take place just by processing and acknowledging certain maladaptive thoughts, feelings, and behaviours (Beck, 1979; McManus et al., 2012), whether the difficulties are overt (Maletzky, 1974; Thorsen and Mahoney, 1974) or covert (Frederiksen, 1975). Researchers attribute part of the unintentional therapeutic function of self-monitoring to its reactive effects. Reactivity is the change in

frequency of certain behaviours or thoughts which is a result of the self-monitoring procedure. Because these changes are small and immediate, they could also help to maintain the client's engagement in therapy (Korotitsch and Nelson-Gray, 1999).

Certain theoretical explanations have been offered to further our understanding of the reactive effects of self-monitoring. Kanfer (1977) argues that when one records the occurrence of a target behaviour (overt or covert) an internal process of self-evaluation is activated. One then compares the behaviour to an internalized self-standard. Depending on whether or not one's standard has been met, one will self-punish or self-praise. It is these self-administered consequences which reinforce or decrease the behaviour. Rachlin's (1974) explanation differs in that self-monitoring and the administration of self-consequences result in environmental consequences, such as social disapproval, which ultimately cause the change in behaviour. Nelson and Hayes (1981) further this argument by stating that in addition to self-monitoring and self-consequences leading to environmental consequences, the whole procedure of self-monitoring including the instructions, training and the presence of the device used, result in environmental consequences.

In *Alcibiades* (Plato, 2001), self-knowledge is constitutive of a good leader. It is said to be possible, useful and urgent in terms of the political power Alcibiades seeks. He acknowledges the necessity of being aware of his desires, of the knowledge and actions that will help him to achieve them and of the aspects of himself which need improvement. The first discussion in the dialogue demonstrates the importance of reflecting on one's desires; the second, the importance of thinking about the nature of selfhood; and the third, the connection between talking rationally with others, acknowledging one's status as a knower, and identifying which possessions are one's own, a connection which characterizes sophrosyne (Plato, 1997)). Again, these aspects of self-knowledge are encountered in CBT, in terms of the importance of

self-awareness, personal responsibility, motivation to change, acknowledging areas which need improvement and conversation with the therapist as a means to self-improvement.

Moore also finds evidence which supports his interpretation of self-knowledge as self-constitution in *Phaedrus* (Hackforth, 1972), particularly in four relevant episodes. In the first episode Socrates reports that his range of intellectual activities is limited by his failure to know himself. Socrates' analysis of the reasons why this task is unfinished implies that it is due to the complex nature of self-improvement which continuously requires regulating and re-directing one's desires and identifying and re-constructing one's beliefs (Moore, 2018). The second episode demonstrates Socrates' concern about whether he himself is susceptible to self-constituting action, implying the necessity of a person being open to it (Moore, 2018). The next one highlights the necessity of cognitive reflection *via another person* to achieve growth or improvement. When one is not engaging with others he is like a statue and in this condition the person has limited knowledge, self-possession, or rational ability (Moore, 2018). In the fourth episode sophrosyne seems to be devalued by an emphasis of the importance of the irrational and appetitive. This is also shown in *Philebus* (Plato, 2000) where without pleasure, self-knowledge is seen as an empty reflexivity. Here it is made clear that the flourishing life needs pleasure of the sort obtained through self-knowledge, hence through self-reflective cognitive abilities.

There is no doubt that therapeutic self-knowledge includes these notions. The process of CBT does not end when the sessions are completed. The difficulty and complexity of self-knowledge and self-improvement is acknowledged, and it is expected that the person will continue to regulate and reconstruct his values and mental states (Beck, 1979). Regarding the second episode, it is recognized that CBT is not suitable for everyone. A client will need to fulfil certain criteria for CBT to be deemed the best therapeutic option and these include the person's openness or receptiveness to the process (Beck, 1979). Also, the importance of the

therapeutic alliance to obtain therapeutic self-knowledge has already been emphasised. Finally, the process of CBT acknowledges the importance of pleasurable activities to be able to achieve one's goals (Chartier and Provencher, 2013). Positive activities are a big part of CBT's methods but also there is no expectation that the client's activities will be limited to learnt or recommended techniques.

In conclusion Moore (2015) draws from Platonic texts on self-knowledge to argue that self-knowledge has 1) a metaphysical, 2) an epistemic and 3) a practical aspect:

1) The metaphysical thesis is that self-knowledge in Plato is self-constitution. In other words, it is not simply observing something that is already there. Instead, it may include perception or attention, but it also includes practical and determinative work. By attempting to know oneself, the person at the same time defines and tries to become a certain kind of self. Therefore, the process requires that the person becomes the right sort of person, for example the type of person who is susceptible to knowledge.

Self-constitution in this sense has a dual focus. On the one hand it is focused on the general or ideal. This is because it requires deciding what sort of person one should become, therefore it is normative and dependent on judgments of what is best and good. On the other hand, it is focused on the particular or factual. This is because it involves *becoming*, it is personal and engaged, dependent on working on one's particular beliefs, desires and skills. This dual focus also applies in terms of CBT. One obtains an image of oneself, one's goals, strengths, and weaknesses in the context of one's values, the ideal self and of the G*ood*. To make the changes necessary the client needs to become the type of person that is *able* to make them. This is partly achieved via personal, self-focused disclosure, self-monitoring, improving psychological mindedness (one's ability to observe and reflect on one's own internal life) and more (Blenkiron, 1999; Myhr et al., 2007).

2) Regarding the epistemic aspect of self-knowledge, Moore maintains that it is necessary that the self becomes more like a *proper* object of knowledge. In the Platonic conception, he argues that one can only know (relatively) stable and perspicuous objects. Therefore, the self must become such to be known. In this sense the ideal of self-knowledge involves the ideal of stabilization and clarification of oneself. It is not` expected that one will be able to become unchanging to the extent of the Forms which are the only perfectly stable, changeless objects of knowledge. As noted, one of the reasons self-knowledge is continuous is because one is constantly changing and self-constituting. What is needed here is a certain degree of stability which would allow one to be *studied* and perceived as having certain traits. This notion is also not foreign to CBT. There is a certain level of stability which one will need to have to be able to make a meaningful attempt at understanding one's mental states. A big part of the conversations with the therapist and of self-monitoring homework is aimed at the person having a clear and relatively stable understanding of his maladaptive and adaptive thoughts, emotions, and behaviours.

To clarify this point, the more one knows about oneself, the closer one becomes to knowledge of the unchangeable Forms. This automatically involves becoming more stable. Focusing one's attention on oneself, increasing self-observation, reflection and self-awareness make one more suitable as an object of knowledge. This is partly because one is conceptualizing oneself in the context of the Forms or the Good. This involves an abstraction from the particular (more unstable) to patterns and generalizations (more stable) which is required to improve one's knowledge of oneself. Conceptualizing, bringing together senseless empirical data into realizations which make sense, requires, involves, and results in stabilization. Ultimately this process leads to a stability which is equal to the changeless Forms.

The same sort of conceptualization, or abstraction entailing a type of 'stabilization' is identified in CBT. One may initially believe that one's condition and responses are

inexplicable, chaotic, changing randomly. As one starts to observe oneself, patterns become apparent which make sense of one's responses. This involves conceptualization and therefore a level of abstraction and stabilization of oneself (at least compared to one's previous self). In this context, self-knowledge in Plato and CBT involves one becoming more 'abstract' or 'changeless' as one approaches the Forms.

3) As for the practical aspect, Socratic self-knowledge is not something to be achieved independently by oneself and for oneself. It takes place in the context of conversing with others. Moore argues that in Plato, knowing oneself is akin to or continuous with knowing someone else. Therefore, in the same way that getting to know another person is a skilful achievement which takes effort and commitment, so is getting to know oneself. This perspective of self-knowledge of having an important social element is characteristic of CBT. This is not only the case when considering that wellbeing and mental illness are highly dependent on social norms, but also in the sense that CBT is based on empirical evidence formed by other relevant cases. Additionally, this element is emphasized in the necessity of a supportive social network and the formation of a strong therapeutic alliance for the achievement of self-knowledge and subsequent improvement (Castonguay et al. 2010).

1.3.2. Self-knowledge in the allegory of the cave

Following the analysis on self-knowledge as self-constitution, I shall now focus on stages of self-knowledge in Ambury's account of the allegory of the cave. Ambury (2018) recommends a reading of the allegory of the cave which emphasises practical dimensions of self-knowledge. He highlights the psychic changes which were experienced by the philosopher in terms of self-knowledge, and he emphasizes the importance of the return of the philosopher

to the cave. Four types of self-knowledge are analysed which are 1) eikastic, 2) aporetic, 3) dianoetic and 4) intellective self-knowledge (Ambury, 2018):

1) In the beginning, the prisoners in the cave do not only see shadows of objects of the world but also of themselves (Plato, 1997). The shadow of oneself is a kind of incomplete, naïve self-knowledge. This eikastic version of the soul is considered a reflection (or image) of oneself which results from various influences of one's environment, education, and upbringing. In the context of CBT this also includes the unprocessed image of the self or of self-knowledge influenced by negative core beliefs and schemas. These are formed based on factors like one's background, experiences, adverse events and genetic factors (Beck, 1979; Young, 1999).

Here the relevance of reflexivity of the soul is important. The prisoners do not realise that the shadow is merely an appearance of themselves. Their imprisonment prevents them from realising that this is not their true selves (Ambury, 2018). This indicates the first step towards self-knowledge for the prisoners and the clients of CBT which is to focus their attention on themselves and to be aware that their current self-awareness is erroneous and maladaptive. This will motivate them to seek out true self-knowledge. In CBT this step is linked to the initial monitoring stages, the identification of unhelpful patterns, maintenance cycles, and the development of a formulation.

2) Then the prisoner experiences confusion (aporia) when he walks out into the light. This is the aporetic self-knowledge according to which the soul experiences itself in a way it has not previously. In the context of this aporia, the soul becomes self-reflexively aware of *itself* as confused (Ambury, 2018). In therapy one starts to question oneself and to re-evaluate judgements via methods like psychoeducation, reflection, cognitive restructuring and more. Then one begins to form a different perception of oneself, however this can cause distress and insecurity as one's cognitive framework is destabilised. The discomfort is enhanced as one

begins to uncover inner truths and to make realisations of unhelpful factors including attributes, tendencies, environmental factors and inaccurate thinking patterns.

Relief from this confusion in the case of the cave and in CBT is achieved by examining one's own opinions and discarding erroneous beliefs. However, as Ambury notices this could be the case of replacing old shadows with new shadows, or old erroneous beliefs with new equally erroneous beliefs. The important requirement here is that one realises that the orientation of one's soul influences one's ability to recognise that shadows are just shadows and nothing more. Then it would be evident that a change in conception of self will lead to a change in conception of the knowable. In terms of CBT this is related to the fact that one's reality is constructed and that everything could be seen differently if perspective changes. Our mental states or our condition alters our perception and thus the knowable reality.

At this point Ambury emphasizes the difficulty of adopting this new concept of reality and state of aporia (Ambury, 2018). The prisoner experiences strong urges to return to his old way of being. This reminds us of the difficulty of the CBT process of change and of the necessity to *habituate* new tendencies and techniques, so that they are strong enough to keep the person in the new condition or direction. It takes a lengthy process of the prisoner getting used to seeing the world in this way. The prisoner and client can see things as they are, only when they have conditioned themselves to.

3) Ambury considers this to be psychic conversion. When the soul recognizes that it is in a better condition than previously, the prisoner has moved onto the stage of *dianoetic* self-knowledge. In the aporetic confused state the soul experienced urges to return to its previous condition. In the new state it acknowledges its psychic change and accepts that this is better. This is a change in what one knows and one's affective condition. It is also an increase in reflexive awareness of what satisfies the soul, which leads to a commitment to leading the type

of life which results in the pursuit of appropriate psychic nourishment. In CBT this seems to be the stage of therapy during which one feels hopeful as one experiences improvement. One also realizes that commitment to new techniques is necessary to avoid relapse and to continue to work towards wellbeing or a better condition.

4) The last type or stage of self-knowledge according to Ambury's interpretation requires the understanding that the soul is not eternally self-identical like Form. In other words, it is not cognitive contact with an "eternally stable principle of intelligibility" (Ambury, p. 91). This means that soul cannot come to know itself in the same way that one can know the Forms. It cannot hold on to itself as an object of its own cognition and therefore it knows itself in a qualitatively different way. Self-knowledge is a continuous exercise of the intellect leading to self-disclosure. The soul is reflexively aware of itself being engaged in dialectic and transcending hypotheses. In this case it is a self which is knowing, in other words it is engaged in the activity most appropriate to its nature (which enables it to see the truth), but it is also a knowing self, in that the soul in dialectic activity reflexively knows itself.

In this case it is not a knowledge of oneself as thought-object but as a presence to oneself as engaged in activity. Ambury maintains that the soul here is not confused about itself (aporetic), nor does it consider itself a static thought-object (dianoetic), rather it is reflexively disclosed to itself through the very activity that leads it, like a guide, in the direction of real knowledge. This implies that although the soul continuously strives towards the Forms it cannot maintain them forever because the soul is not entirely intellectual. It is made up of parts related to emotions and desires as well. This ontological difference (in essence) makes it necessary for the soul to return from the Forms.

Ambury continues by claiming that apart from this ontological necessity, the return to the cave is also something that the soul *should* desire, implying an ethical reason. The soul will

not be content if it does not return (Ambury, 2018). He highlights thus the need for the soul to move in a dialectic and circular motion between the objects of cognition and those of the cave. The soul will want to remain in the visible when shown the intelligible and to remain in the intelligible when shown the visible, however it will not be satisfied entirely in either. From a CBT point of view this simply underlines the variety and complexity of the human condition. One example that could clarify this is that of a person living in an ideal state with no weaknesses, thinking, feeling, and doing everything according to what is good for him. One could argue that this oddly may not be living a fully human experience. It reminds us of the belief that one cannot be happy without its opposite as well as emotional versus rational living. The dialectic between both is necessary to fulfil human nature. This stage also reminds us that self-knowledge and improvement is never complete as everything is constantly changing.

Since the whole purpose of philosophical education is to free the soul from the cave, and since the soul is happy in the state of dianoetic self-knowledge, it could be considered antithetical to send the philosopher back. Similarly, in the case of CBT if the whole procedure aims at life changes which the person acknowledges as *being better* then it seems counterintuitive that the person would engage in previous habits. In the cave example just as the philosopher must return to help achieve political harmony, so must the intellect to harmonize the soul. Ambury underlines the need for the soul to order itself so that it can exercise intellect. This could imply that for one to be successful at the recommended CBT techniques one needs to attend to other aspects of oneself which are not strictly cognitive, for example exercise, emotional experiences, health, relationships and more. This line of thought is acknowledged in CBT which focuses on various aspects of human life apart from 'cognitive striving for truth'. The dialectic of 'inside and outside of the cave' represents the dialectic which characterizes CBT first within the therapeutic alliance and then within the client for the rest of his life.

A quick summary of what has been said so far will provide the context for self-knowledge and objectivity in the next section. It seems that there are several respects in which self-knowledge in Plato's dialogues and self-knowledge in CBT overlap. Some similarities are that in both cases self-knowledge: 1) involves discarding false beliefs; 2) involves self-improvement; 3) requires knowledge of the *Good*; 4) is achieved through collaboration with other people; 5) enhances interpersonal relationships; 6) is self-constitution and empowers people; 7) leads to a meaningful life; and 8) is not something that can be achieved and set aside, rather it is a way of life.

In Plato self-knowledge is a necessary condition for a meaningful life. This is partly because by knowing oneself, one can recognise and acknowledge one's strengths and weaknesses. This helps one to accept one's limitations and to develop an attitude towards life which encourages self-improvement. It also makes one want to seek out the truth beyond opinion and erroneous beliefs, a practice which is also important for CBT especially in the context of cognitive reconstruction which will be discussed further in the next chapter. In understanding oneself, one also obtains a better understanding of others which enhances interpersonal relationships.

According to Plato, any attempt to achieve self-knowledge should be accompanied by an attempt to understand the *Good*. Without an idea of what is good, one will not know one's strengths and weaknesses and one will not know how to improve. This is also reflected in CBT since self-knowledge takes place in the context of a comparison of oneself with one's notion of an ideal self. This notion of the *Good,* wellbeing or of an ideal self is complex and will be explored further in the next section.

In self-knowledge as self-constitution there are several similarities between Plato and CBT. In this context the self is not something that can be known in the way one knows other

objects. As one becomes aware of aspects of oneself, one is also constructing oneself. Self-awareness involves paying attention to and exploring oneself as if one was one's own object of study. At the same time, however, it requires the person to be an autonomous and responsible self-knowing agent and therefore any self-reflections will be influenced by one's evaluations, doubts, corrections, and tensions.

In the allegory of the cave one can identify certain stages or types of self-knowledge which are analogous to levels of self-knowledge in CBT. One begins with a naïve sense of self knowledge which includes numerous erroneous beliefs, and it is founded on one's genetic heritage and one's upbringing. As one becomes more self-aware one is confused since the soul experiences itself in a way it has not previously, as one changes self-perception and uncovers self-truths which can be difficult to accept. In the next stage one realises that the improvements one has made are good and one wishes to remain in this positive state, in which one knows what is good and how to achieve it. Finally, one comes to terms with the fact that nobody can remain in a realm of cognitive perfection and that self-knowledge is a way of life which consists in a dialectic movement towards and away from one's ideal state.

One thing is clear, that self-knowledge in CBT is a notion just as interesting and complex as it is in Plato, deserving a similar level of exploration and deliberation. One needs to be able to balance knowledge of the *Good*, of others and of oneself, as well as being capable of discarding erroneous beliefs, constructing oneself and self-improving along the way. This summary will hopefully facilitate understanding of the next section which relates to similarities in terms of objectivity of the method and outcome of self-knowledge in Plato's dialogues and CBT.

1.4. Self-knowledge and objectivity

Rowe (2010) focuses on the *Apology* and *Phaedrus* (Plato, 1997) when discussing self-examination and self-knowledge. He believes that self-examination is a way of improving oneself. It is important therefore to know what is really good (for example knowledge and a knowledgeable life) and what is really bad (for example ignorance and a life built on ignorance), to be able to approach and obtain the one, avoid the other and to achieve the real good that everybody desires (Rowe, 2010, p. 207).

He considers self-examination to be a way of accessing the truth about oneself, by discarding false beliefs and establishing true ones. In other words, self-examination is the examination of one's belief-sets. The 'truth' of these beliefs does not mean that the person truly believes them, rather it means that these are *actually* true (Rowe, 2010). One way of assessing beliefs is via Socratic *elenchus* during which a thesis is presented and examined by questioning. According to this process a thesis is put into question when its negation is reached by the answerer. The effectiveness of the process of elenchus is further validated by the Platonic theory of recollection theory (Plato, *Meno*, 81a-86b) since, if eternal truths are within us, then it makes sense that we will be able to access them via the dialectic process. This resembles Socratic questioning in CBT, according to which the therapist does not provide information or answers. Instead, the questions often lead one to refute one's previous beliefs by realising that there is an inconsistency in them (Clark and Egan, 2015).

Additionally, it is shown in *Alcibiades* (*Alcibiades*, 129-132), that knowing ourselves is knowing our souls (instead of our bodies or a combination of these two), and since the good of the soul is reduced to knowledge, then it seems that tending to our souls and therefore ourselves, requires us to correct our beliefs. Rowe sees this as a kind of individual *intellectual therapy*. He maintains that from this interpretation if there is 'therapy' involved here it is the

> ‘therapy of the academic tutorial (run by a friendly, beneficent, but finally research-obsessed tutor, who thinks that finding out what the truth is, is more important than anything else); it is not at all that of the psychiatrist’s -or the psychotherapist’s- couch, and anyone who is tempted to assimilate the latter to Socratic practice has simply not understood Plato” (Rowe, 2010, p 210)

However, in making this statement, Rowe appears to be taking a limited approach to the nature of psychotherapy. This difference seems plausible when taking into consideration a previous statement of his that knowledge of the truth of beliefs is

> ‘nothing individual, in the sense of anything personal, involved; the subject is not Socrates, with all his peculiarities, his history, his traumas, and his genetic inheritance, but a set of ideas and a programme that, as he has proposed, should be taken up by everybody, because --Socrates claims-- that will enable them to live better lives- that is to achieve the happiness that we all inevitably want.” (Rowe, 2010, p 210)

A point worth making is that in the previous section Rowe states “that finding out what the truth is, is more important than anything else” (Rowe, p. 210), however in the second quote it seems that this is actually a condition for something more important which is to “enable them to live better lives” (Rowe, p. 210). This further emphasizes the nature of the importance of self-improvement in Platonic and psychotherapeutic self-knowledge.

Based on these quotes, it is implied that the difference between Platonic self-knowledge and that of psychotherapy is that the latter is only interested in these personal aspects of the self. This could be the case for psychoanalysis and psychodynamic or humanistic approaches, however in CBT a lot of focus is directed towards the empirical truth of a client’s beliefs (Greenberger and Padesky, 2015). This indicates that it is not subjective in terms of the object

of inquiry (the object is not the subject) or the method of inquiry (empiricism and rational deliberation). In both CBT and Plato, one holds a personal belief or subjective opinion, however the focus is on objectively evaluating the truth (and/or value) of that belief.

1.4.1. Objectivity in method

It is not uncommon for people to equate all psychotherapy to a type of Freudian psychoanalysis, however, this is not the case for most contemporary forms of psychotherapy, particularly not CBT (Milton, 2001; Beck, 1979) and not in terms of the function of clients' self-knowledge or disclosure (Farber, 2006). The process of CBT and collaborative empiricism in the context of self-knowledge and cognitive restructuring, is a lot more like Rowe's idea of an academic tutorial of finding out what is the truth, than he acknowledges. In *collaboration* with the therapist, clients are encouraged to explore their beliefs based on observations of *empirical* data. It is a process which focuses on evidence founded in one's environment, interactions and rationality (Milton, 2001; Cohen et al. 2013; Tee and Kazantzis, 2011). The truths which it aims to identify are not solely personal, idiosyncratic, based on a person's history or traumas and genetic inheritance, as noted by Rowe. In terms of objectivity in method, the process is equally objective as that of Platonic self-knowledge. As Beck mentions:

> 'The overall strategy of cognitive therapy may be differentiated from the other schools of therapy by its emphasis on the empirical investigation of the patient's automatic thoughts, inferences, conclusions and assumptions. We formulate the patient's dysfunctional ideas and beliefs about himself, his experiences and his future into hypotheses and then attempt to test the validity of these hypotheses in a systematic way' (Beck, 1979, p. 7)

This is not to say that a CBT therapist would not show any interest in personal factors. In CBT these aspects of the client will be examined so that the person can receive a possible explanation for his maladaptive mental states and false beliefs. By making sense of his difficulties via a formulation or a 'personal story' the person will feel relief and more in control. The client will also be more inclined to participate in the therapeutic process and to make necessary changes (Grant, Townend, Mills and Cockx, 2008). In other words, these personal factors function as enabling, motivating factors which also clarify the person's difficulties and the underlying causes of them.

This is then followed or accompanied by an empirical, *non-personal* search for alternative true beliefs based on evidence, and more informed knowledge of situations, other people and one's own biases and errors. A brief example in Judith Beck (2020) is of a man who believes that he is incompetent. As a task, they decide that he will note down and take photos of things that he does in the week, as empirical data against which they will evaluate the belief 'I am incompetent'. He noted things like paying the bills and helping someone fix a leak (Beck, 2020, p.306).

This part of the process is non personal because the evidence identified is empirical, free from personal bias and therefore objective. In another example, if a man has the faulty preconception that nobody likes him, empirical evidence supporting or opposing this will be explored. This evidence could involve noticing whether his colleagues speak to him or whether he receives invitations to social events.

Although Rowe (2010) believes that he is opposing the resemblance between Platonic self-knowledge and CBT, he may alternatively be providing a route linking the two. This function of personal histories in CBT is in congruence with Rowe's concluding remark:

> "But however that may be, here too there is no trace of that thoroughly modern idea that the key to life lies in identifying our personal histories and coming to terms with whatever it is that makes us uniquely ourselves. For Socrates, and for Plato, what we uniquely are, or have become, remains a subject of supreme indifference, except to the extent that it may prevent us from becoming what we could be: that is, becoming as like the gods – that is, as wise – as it is possible for human beings to be". (Rowe, 2010, p. 214)

In other words, the only reason one would look at oneself is to facilitate self-improvement. By examining oneself, one becomes aware of one's location in relation to the Good, and one can identify what needs to be done to better oneself. In CBT these personal factors help to identify the reason why the person is struggling. In other words what is preventing one from being what one could be. In terms of CBT treatment, however, these personal factors are not as important as the empirically based correction of one's beliefs when it comes to self-improvement.

So far, I have argued that Rowe denies the similarities of Platonic self-knowledge and psychotherapy because of the limited perspective he takes on the nature of the psychotherapeutic process and of the role of the individual within it. I have pointed out, however, that personal aspects of oneself are not as important as correcting false beliefs in the process of improvement in CBT. However, even if one accepts that the *process* or method of obtaining self-knowledge in CBT is *objective*, one might still be convinced that the *outcome* of self-knowledge is exclusively objective in Plato. This is because it leads to the Forms or the Good which are common for all and independent from all. For this reason, I will now defend the idea that self-knowledge in CBT has an equally objective outcome even though it does not necessarily derive from a metaphysical theory.

The elements identified as objective in CBT, are so both because their truth is independent of one believing them to be true, and because self-knowledge in CBT can be expressed by concepts which belong to a common or publicly shared scheme of things (Davidson, 2001, p. 8). Following this I shall examine the possibility that their difference is a matter of levels of progress in self-knowledge, making it a quantitative not qualitative difference.

Before I move on to my argument relating to objectivity in the outcome of self-knowledge, it is worth explaining why I consider this necessary. One might observe at this point that I could limit the argument to objectivity in method, avoiding thus the complications, ambiguity and uncertainties associated with the Forms in Plato's metaphysical theory. In this case the thesis could focus solely on the early Platonic dialogues, and the comparison could be between Socrates and CBT (or at least the work of Plato which is considered to approach the authentic voice of Socrates). I however prefer to view Plato's work from a unitarian perspective as having a unified theory behind apparent differences (Prior, 2012). It is not within the scope of this thesis to present a full discussion of the difference between the early, middle and late dialogues, however, it is worth noting a few reasons why I choose not to compartmentalize Plato's work.

Firstly, I believe that a coherent and comprehensive understanding of self-knowledge requires an understanding of all Plato's works. These include sources which are considered representative of Socrates' voice and method, and those closer to Plato's original thought and metaphysics. The whole process of improving one's self-knowledge has elements and aspects which would not be properly understood without a comprehensive approach. Examples of these include 1) the understanding that one cannot learn what one already knows, indicating the need to examine and question one's beliefs for progress to take place; 2) the method with which one can epistemically improve, which involves the dialectic process, collaborative empiricism and

reason; 3) the outcome towards which one is improving which requires an understanding of Plato's Forms; and 4) the reason why one should engage in self-knowledge, which relates to a life worth living.

Additionally, regarding the separation of Plato's work itself, there is enough dispute and ambiguity in the literature for one to argue that there is not sufficient evidence to definitively justify a specific separation (Annas and Rowe, 2002). In this context it is uncertain whether the distinction into early, middle, and late dialogues, represents order of composition, or whether it is just a helpful way of understanding Plato's thought (Cooper 1997 vii-xxvii). It is not unreasonable to hypothesize that throughout his career he used different methods of writing interchangeably. It is not unlikely that he would start with a simple dialogue to draw the readers' attention to the complexity of a concept before attempting to elaborate on it, in a corresponding more detailed dialogue. In support of this, in later dialogues, Plato continues to use 'negative' Socratic elenchus for one's understanding of concepts (Kraut, 2022).

One could also argue that reading Plato as a coherent, comprehensive whole is the way Plato intended his work to be approached. In some of his later dialogues he purposely reminds the reader of ideas developed in previous dialogues which implies that Plato considered possible and preferable that one approach his work as a whole and not as separated into Socrates and his own thought. This is also supported by him choosing to continue to use Socrates in his later dialogues (Kraut, 2022).

Finally, it is not necessary or meaningful for the purpose of the argument presented in this thesis to separate Plato's work. Rather it is beneficial to view the theory as a unified whole, to strengthen the link argued for, by demonstrating that all aspects of Plato's approach to self-knowledge are present in CBT. Although the debate in the literature is an important one and should not be minimized, I utilize the joining elements in Plato's work, which contribute to his

overall theory instead of emphasizing differences. This way one can have a coherent understanding of self-knowledge in Plato's work. In other words, the resolution of inconsistencies and the investigation into these issues, is important for understanding Plato's thought, however one should not abstain from utilizing the overall Platonic tradition (including Socrates) until these issues are resolved. Just like it is not necessary to allow ambiguities and inconsistencies around Socrates' existence or importance, to prevent one from accepting the classical tradition of him, or from using a historical approach to him (De vogel, 1963).

Just as I believe that a comprehensive understanding of self-knowledge in Plato requires his earlier and later works, thus I argue that the theory of self-knowledge in CBT requires an understanding of the nature of self-knowledge, the method of increasing self-knowledge and the direction or outcome towards which improvement takes place. The metaphysical considerations of what is assumed to be Plato's later work are important to enhance one's understanding of why self-knowledge is significant. In other words, they provide an answer to the 'why' of the 'gnothi seauton'.

1.4.2. Objectivity in outcome

When considering, as previously discussed, that the end goal of self-knowledge in Plato is to reach knowledge of the ultimate Forms and the Good, it seems that there is a lot more to Rowe's argument in terms of objectivity of outcomes. It is worth noting that Rowe is not the only person who denies the therapeutic value of Plato's dialogues. Martha Nussbaum (1994) for example, is even more extreme in her opposition to this when she argues that since the Good is unknown, objective, and unattainable, it is also irrelevant and useless to humans. I disagree with this and as Richard Kraut (1995) comments in his critique of Nussbaum, I think that it is "preposterous for anyone to take Plato to be saying that 'ethical norms are what they

are quite independently of human beings'" (Kraut, 1995, p.14). He mentions the Republic as an example where justice is related to the tripartite soul of humans. The Forms of justice, courage, temperance, and wisdom are closely linked to human lives, as is the method of improving one's knowledge of them, as I shall demonstrate.

In terms of outcome objectivity, self-examination in Plato's dialogues is aimed at ultimate truths which would be the same for all people, whereas, according to Rowe, in psychotherapy the truths are considered individual and thus entirely different. I do not think that this is the case. Instead, I argue that the truth and good in the context of CBT and self-improvement, are no less objective than in Plato's dialogues.

In stating that they are both objective, I am not making or denying a normative assumption. I cannot present an in-depth discussion of the fact value distinction due to space restrictions, however I believe that my argument regarding *objectivity* still stands whether one believes that the Forms or Good are normative in themselves or not. The elements identified as objective in Plato's dialogues and CBT, are so both because their truth is independent of one believing them to be true, and because self-knowledge in CBT can be expressed by concepts which belong to a common or publicly shared scheme of things (Davidson, 2001, p. 8).

To clarify, my understanding of the Forms agrees with the perspective that they are conceptual and therefore can be known through the intellect (Sedley, 2016). They are not like physical entities which one can have knowledge of via one's senses. Therefore, the term 'visible' implying known through the eyes, when used, is to be understood metaphorically not literally. One does not *see* the Forms as entities with an *appearance*. Instead, one understands them in the way one understands concepts. As Forms, they are perceived as conceptual formulas (Merlan, 1947) which when applied to different circumstances, can take different content. It is helpful to consider these formulas as one would a perfect definition of a concept,

in the same way one can imagine that the perfect definition of the term dog exists (whether we know it or not).

In this context self-knowledge according to Plato entails knowing where one stands in relation to these perfect conceptual formulas. For example, the more I know myself the more I understand how courageous or just I am. This requires an investigation of oneself; however, it also requires knowledge of what courage and justice is. The complexity of this is clear from the fact that nobody has knowledge of the perfect Forms of courage and justice. The same applies to self-knowledge in CBT. As one increases one's understanding and awareness of oneself, one becomes more aware of where one stands in terms of concepts like the Forms, including the concept of wellbeing. The perfect definitions of concepts like wellbeing, courage, justice etc. are not known to us, however in theory there is no reason to believe that they do not exist.

I would also like to clarify that the context of this argument is the *current* understanding of the ultimate aim of both types of self-knowledge. In agreement with Rowe, in Plato 1) ultimate self -knowledge is discovering the Forms and the Idea of Good and 2) it is not expected that anyone will ever discover them. Even if some people manage to reach knowledge of them, they will constitute a very small minority. 3) For everybody else, including Socrates, self-knowledge is about improving one's position in relation to these.

Regarding this, Rowe points out that in the *Charmides* (Plato, 1997) it is not established that anyone can obtain the kind of knowledge required or what its relationship would be to the substantive knowledge of good and bad; however, as shown in the *Apology* (Plato, 1997), this does not stop Socrates from trying. He also mentions that various other dialogues indicate that intellectual progress takes place without one needing to have hypotheses about the origins of the soul or the nature of learning (Rowe, pp. 209-210). In *Phaedo* (Plato, *Phaedo*, 62a-69e),

Socrates explains why a philosopher should welcome death, which is the separation of the body from the soul. The primary reason is that the body prevents a philosopher from reaching the Forms or Good. Without the body it is more likely that the soul will achieve its goal:

> "Then he will do this most perfectly who approaches the object with thought alone, without associating any sight with his thought, or dragging in any sense perception with his reasoning, but who, using pure thought alone, tries to track down each reality pure and by itself, freeing himself as far as possible from eyes and ears, and in a word, from the whole body, because the body confuses the soul and does not allow it to acquire truth and wisdom whenever it is associated with it […] As long as we have a body and our soul is fused with such an evil we shall never adequately attain what we desire, which we affirm to be the truth" (Plato, *Phaedo*, 65e-66b)

I mention these points to strengthen the argument that *progress* in self-knowledge does not require comprehensive knowledge of a metaphysical theory of Forms or the Good. In other words, Plato's view that self-knowledge is a good is not dependent on the premise that the forms are real *metaphysical entities* that exist independently of the minds that know them, instead of concepts or anything else one could imagine. Platonic enquiry then is about trying to figure out how to improve one's relation with these, or one's understanding of them, without knowing what exactly they are.

The fact, therefore, that in CBT self-knowledge does not involve an elaborate theory of what the ultimate good is, should not be considered an indication of its qualitative difference to Platonic self-knowledge. CBT does not make the kind of metaphysical commitments that it is assumed Plato does, but also it does not deny or reject them, and it would not be purposeful if it did. Both aim at overcoming the impact of distorted beliefs as part of the pursuit of

improvement or alleviation from distress or ignorance (so that one can live a better life). There is no reason to believe that the ultimate Good in the one is different to that in the other (since we do not know what it is exactly in either). On the other hand, there are reasons to believe that they are similar due to other similarities in method and short-term goals like examining and correcting beliefs to improve.

The question then arises: "if knowledge is possible, as Socrates seems to propose, even while suggesting that no one actually has it, then how would we know it if we came across it, and what would guarantee its status as knowledge?" (Rowe, p. 211). Rowe implies that this can be answered by the theory of recollection (Plato, *Phaedo*, 72a-77e), however it might be the case that we do not need to answer this question. In line with wisdom being the activity of dialectical enquiry, perhaps it is just a mode of living, according to which we are open to alternatives and progressing without being sure about anything. In other words, the closest thing to a criterion of progress, is one's attitude to enquiry and knowledge. Certainty is not given, but according to Plato and CBT, progress is made by continuing to examine one's beliefs and to change them if alternative ones are better founded.

Relating to this, in the *Republic* book 10 (Plato, 1997), Socrates uses the analogy of the sea god Glaucus to describe the soul. It is hard for anyone to see the true image of this god because it has been distorted, some of its parts crushed, and it is covered with seaweed, shells, and stones. Similarly, the soul is covered with many evils. Therefore, to discover its true nature, one must look somewhere else, in particular to its:

"philosophy or love of wisdom. We must realise what it grasps and longs to have intercourse with, because it is akin to the divine and immortal and what always is, and we must realize what it would become if it followed this longing with its whole being, and if the resulting effort lifted it out of the sea in which it now dwells, and if the many stones and shells (those

which have grown all over it in a wild, earthy and stony profusion because it feasts at those so-called happy feastings on earth) were hammered off it. Then we'd see what its true nature is…" (PlaotPlato, *Republic*, 611d)

Similarly, in CBT clients can make informed judgements about what is right or wrong, and how to self-improve, via discussion and rational deliberation, which will also draw from societal norms, instinct, general concepts about the ideal and mental wellbeing, without having definite knowledge of ultimate truths. In this case, hammering off the shells would be analogous to the process of discarding false beliefs of clients. In other words, one does not need to know what is underneath to be able to make progress.

Self-knowledge, therefore, in both CBT and Plato's dialogues is about improving oneself in light of ideals which as *ultimate* end goals are not subjective, rather they apply to all, even if nobody is aware of them or acknowledges them. It is worth pointing out that one does not have a perfect definition of any of these ideals. This however does not mean that one cannot make progress in light of them (towards them). A useful example is that of wellbeing. Scholars have offered various definitions in terms of emotions, functioning, resilience, engagement and competence, good relationships, contributing to a community, even Aristotelian *eudaimonia*; some focus on a societal perspective and others on the subjective experience of it (Huppert, 2014). Despite the complexity of the term and the disagreement around the definition of wellbeing, people continue to use the term and to act and make improvements in light of a general understanding of what it entails.

It is possible that both CBT and Plato are mistaken in the direction and/or the methods they recommend. Self-knowledge as self-improvement in both cases involves processes like exploring thoughts, being open to alternative beliefs, strengthening one's ability for rational enquiry, and looking at empirical evidence to approach things in a more objective way. It might

turn out that the path to self-improvement is a very different one, for example it could be that one should cultivate one's emotions in a different way, maybe by prioritising empathy or love over rational objective deliberation. One cannot be sure at this point, however, this important question is beyond the scope of this paper. Here I do not intend to prove that they are right, only to strengthen the link between them.

Rowe (2010, p. 206) points out that the issue is whether one knows *anything.* In other words, it is necessary to examine one's position in relation to knowledge. The ultimate Forms are objective; however, people's circumstances are personal. People differ in their conditions and abilities, and since knowledge is virtue or goodness, people differ in where they stand in relation to virtue and goodness. As, he also notes, everyone wants the real good, the difficulty is to establish what that is in any set of circumstances. In other words, it is sufficient that one is on the right path towards self-knowledge. Drawing on the notion of practicable happiness in Penner and Rowe (2005), Rowe states:

> "It might be tempting to suppose that knowing what is good/bad for me should count as knowledge about myself. But that would be to presuppose not only (1) that what is good/bad for me is specific to me, but (2) that the way for me to be happy may be different from the way(s) in which other people will be happy; and while Socrates might agree to (1), insofar as what is practicably happy-making for a person in any one set of circumstances may be different from what is practicably happy-making for another person in a different set of circumstances, we have no grounds for supposing, and good grounds for not supposing, that he would agree to (2). Were he to have accepted (2), it would be hard to understand, for example, why he should have put so much faith in philosophical argument, which seems capable of getting rather little purchase on what makes one person happy as opposed to another – if indeed there is such a thing" (Rowe, p. 207).

Therefore, in the quest of sorting out one's beliefs, he notes that it is about individual beliefs, however when talking about the most important subjects, the ones that affect the quality of one's life, true beliefs will end up being common to all (Rowe, 2010, p. 203).

All people are individual and unique in their personal circumstances and therefore in their distance from or their relationship with happiness or the Good. Therefore, as is acknowledged by Rowe, the support that each person needs as well as what is good for each person, is individual and personal, but the ultimate goal remains objective and common to all. There is no reason to believe that mental wellbeing is different in this respect. People may take different routes to approach wellbeing, due to their different needs, but ultimately, it (or its form) is common for all people. In CBT, for example, therapy with a person who is experiencing an acute episode of depression will be significantly different to that with one who has anger management issues. In both cases however, one is trying to regulate one's emotions, to reduce distress, to regain control, and to improve one's quality of life.

What a person needs, could be directly relevant to the dialectical process itself or indirectly in the form of obtaining an intellectual foundation which enables one to participate in the process. To consider an analogy, according to Maslow's pyramid of needs (Maslow, 1987), if one has no money for food, then what is good for one is finding money for food. Whereas when one's basic needs are covered, one may need to reconsider one's values, or virtues. If we were to reverse these people's position, the needs for each would be reversed similarly. According to another example related to CBT, therapy with a person who is experiencing an acute episode of depression will be significantly different to that with one who has anger management issues. In both cases however, one is trying to regulate one's emotions, to reduce distress, to regain control, and to improve one's quality of life.

In this context I believe that the good in CBT, in the direction of which clients are improving, is just as objective as it is in Plato. As Belliotti (2004, p.5) points out, happiness for Socrates is a condition of the soul. It is a well-ordered and balanced soul which results in a virtuous character and moral action. This idea of a balanced soul as a goal resembles mental wellbeing, the structure of which would not vary significantly between individuals. CBT is concerned with what is good for the individual, without implying that if someone else was in the exact same situation, one's good would be any different to anybody else's. It involves beliefs about happy-making goods which are individual, for example in behavioural activation or engaging in positive activities, different people will have different preferences. But the more important beliefs about values, wellbeing, happiness, morality, self-control and more will be common for all and if they differ, then this will represent a difference in level of understanding, insight, or deliberation, instead of a difference in what these actually are for the person, or for humanity.

A point worth mentioning is that the symptoms or disorders that are relevant to CBT are based on norms and standardized tests (Cohen, Swedlik and Phillips, 1996). In other words, diversion from the norm combined with distress is often associated with mental health difficulties. This suggests that part of the goal of therapy is to think, feel and behave in accordance with the norm, which is based on objective social standards, not subjective individual ones.

One could comment at this point that these standards may be objective in the sense that they are not dependent on an individual, however they may not be objective in another sense, for example in comparison with objective truth which is independent of society and humanity. In which case I would remind one of the point made previously that nobody knows what the Forms, the Good or ultimate objective truth look like. One tries to direct oneself towards them by being rational, engaging in dialectical enquiry and remaining open to alternatives. It is not

unreasonable to assume that social standards have been reflected on in more depth than individual ones. However, even if this is not the case, one can at least assume that, in this context, the intention of social standards and of CBT is to be directed towards objective aims, even if it does turn out that their goals deviate from Plato's Forms or Good (one will never know for sure anyway).

Considering a relevant example, someone might decide that for oneself, virtue is being successful at one's career. This does not mean that this is a virtue for everyone. However, this also does not mean that a 'common set of virtues' does not exist. It could just mean that this person's position in relation to the common set of virtues is not the same as someone else's. Also, since Socrates' dialogues do not often make much progress, we should not demand that CBT does.

Further supporting evidence can be found in the type of questions that CBT therapists ask. They are often focused on 1) what one values, 2) how one should live, 3) how one should interact, 4) how does one control one's emotions. All these topics resemble Platonic type questions. Socrates usually examines convictions starting off with what one of the virtues is. In other words, the questions will be directly related to a virtue or an idea, for example what justice is (Plato, *Republic,* 331c), or courage (Plato, *Laches*, 190d-197e), or whether it is worse to do injustice or to suffer it (Plato, *Gorgias*, 469a-479e).

In CBT, the therapist will not usually ask directly about these topics however, they may be explored indirectly. For example, clients may not state their ideas about what injustice is, however, when talking about a distressing event in which they felt that someone had been unfair they could end up in a discussion about 1) whether it is ok to be unfair, 2) why one might be unfair, 3) whether they would rather be that type of person or not. In this case the dialogue with the therapist would resemble that of Socrates. To clarify I shall use a clinical example:

A woman became depressed when she did not get the higher paying position she applied for and had been working hard towards. This trigger for her depressive state is explored through Socratic questioning in CBT. This could take numerous directions; however, I shall present two:

1) Perhaps she perceives this as rejection which triggers her underlying core belief that she is unworthy, and she is embarrassed because everybody knows that she failed. Further questioning might bring her to discover the epistemically improved truth that her worth is not dependent on the opinions of people who may not be wise on the topic. Although therapy might end before extensive examination of 'what makes a person worthy' takes place, it is not unreasonable to think that if this mode of Socratic questioning in CBT was to continue, it may lead to truths concerning human worth, virtues, wisdom which are closer to the *Forms* and ultimately to the *Good,* which would be common to all who can reach them.
2) Alternatively, perhaps she really wanted to buy a house. She believes that without one, she is not bringing her children up adequately and they will be deprived and disadvantaged because of this. Using Socratic questioning, the therapist will collaboratively explore the truth of these beliefs with her and this discussion could focus on why the house is so important, what it means to provide security and safety to children, her values, what is important in the upbringing of children, what they need, it could also look at the amount of happy and successful people whose parents do not own a house and the amount of people in adverse circumstances whose parents did own a house. Again, it is evident that these topics are not solely personal, and neither are the conclusions reached.

In both cases, the discussion explores areas and progresses to realisations that are not subjective or unique to the woman. They are objective since, in similar situations, with the

same level of difficulties as the woman, people would reach similar discoveries. If people differ in their therapeutic realisations, that just represents the variety of positions people can have in relation to the Forms, ultimate truths, mental wellbeing, or happiness. I shall proceed to one more example to strengthen my case before reaching a conclusion about the objectivity of self-knowledge in CBT.

In the case of a young man with spider phobia, in conjunction with graded exposure therapy, the therapist and client could also collaboratively explore whether the client's fear of spiders is valid. The purpose here is not to determine whether the client *himself* is justified in fearing them, because 'with all his peculiarities, his history, his traumas, and his genetic inheritance' (see above p. 45, regarding Rowe (2010, p 210)), he as an individual might be entirely justified in fearing them. Instead the therapist and the client will explore what objective reasons people have for fearing spiders, what the intensity of their fear should be in each case and how they should react as 'a set of ideas and a programme that, should be taken up by everybody, because that will enable them to live better lives'(see above p. 45, regarding Rowe (2010, p 210)).

Circumstances may differ and therefore so will the conclusions. For example, it is not the same for one living in a flat in central London as it is for someone living in rural Australia who knows that there are spider species in one's environment, whose bites are objectively dangerous to humans. However superseding notions of courage, being sensible in face of risks, having self-control, (analogous to structures or forms of virtues) are common to all. Ideas about virtues in either case would apply to all people. Therefore, it is not unreasonable to argue that part of the purpose of self-knowledge in CBT is to identify what the 'virtue', or virtuous action is in each case. How this would happen is not determined, however it appears that 'progress making' tools include Socratic questioning, rational deliberation, social norms, use of authority figures, like the dialectic process in Plato.

It seems that objectivity is not exclusive to Platonic self-knowledge but it is also a part of self-knowledge in CBT. Then the question arises: what exactly is the relationship between the two? One could say that due to their similarities, CBT self-knowledge could be a contemporary form of Platonic self-knowledge. In the following section, I shall argue, alternatively, that self-knowledge in CBT differs to that of Plato as being associated with a different level or stage of progress.

1.5 Self-knowledge as a spectrum

My argument so far has demonstrated that there is a strong link between these two types of self-knowledge, however it is not clear what the nature of this relationship is. One could say that due to their similarities, self-knowledge in CBT is a contemporary form of Platonic self-knowledge, however this is not the only option. In this section, I argue that both are on the same spectrum of progress (with innumerable diversions) towards the Good, however people engaging in CBT may be on a lower stage or level on the spectrum. In congruence with this, I argue that self-knowledge in CBT *can* function as a preparatory process for Platonic self-knowledge (but not *necessarily*).

In other words, Plato and CBT differ in terms of the distance their typical interlocutors have from the Forms and the Good. To be able to participate in Platonic philosophical examinations, one must have already advanced to a certain point on the 'spectrum', or to be at that point due to innate personal qualities. CBT is a process which can help one reach this point by introducing one to the process, enabling one to regulate one's emotions, and enhancing one's ability to think flexibly. However, just because someone has engaged in CBT, this does not mean that they will get far in Platonic dialogues. It is not a sufficient or necessary condition to engage in Platonic type self-knowledge, it is simply an optional step one could take.

If movement on the spectrum is flexible, then it should be clear in the Platonic dialogues that interlocutors can improve and deteriorate in their capacity for philosophical investigation. This is demonstrated in *Theaetetus* (Plato, *Theaetetus*, 150d), where Socrates mentions that some people who associate with him, may seem in the beginning to be ignorant but as time passes, some are able to make progress. Also, when people stop associating with him prematurely, they forget what they have learnt. In this case some people return to him and try to associate with him again, however he is not always able to continue to associate with them.

He describes his role in the dialectic process as that of a midwife, but instead of delivering children, he helps men to bring their thoughts to life. Just as midwives can no longer have children of their own, he cannot produce his own ideas, so he focuses on other people's ideas instead. The difference is that women do not sometimes have false children or idols like the thoughts that he finds in men. If they did however, it would be the midwives' role to distinguish the two, implying that his role is to identify false beliefs. Some people who did not understand Socrates' role in their progress, left him prematurely, resulting in a miscarriage of whatever else was in them, and neglect and loss of the 'children' he helped them give birth to. In some cases, people do not seem to be 'pregnant' and therefore they do not need him, in which case he recommends that they associate with other wise and inspired men (Plato, *Theaetetus*, 149a-151b).

In other sections, one can indirectly imply that interlocutors differ in their location on the spectrum due to them being 'suitable' or not, as determined by Socrates' inner voice. This daimonion would often warn him against collaborating with people who are not suitable or *ready* for his discussions. Socrates claimed that his demon would often not allow him to interact with people who would not benefit from the association. I argue that one would have to have covered basic skills necessary for the dialectic process, which can be obtained in CBT. Alternatively, CBT might provide the skills necessary for people to continue to progress

themselves, which could be a requirement for Socrates to consider one worth associating with. In *Theages* Socrates explains that his inner voice or this spiritual entity, makes these decisions, partly based on whether the person will benefit from the association. Not all people that associate with him are able to improve. Some cannot benefit at all; others benefit for a while but then fall back and others benefit for life and continue to improve and self-constitute accordingly (approaching knowledge of the Forms) (Plato, *Theages*, 129e-131a). It is worth noting at this point that this also applies to clients of CBT. As mentioned previously, not all people are suitable for CBT (Blenkiron, 1999). This is because some would not benefit from it; others benefit and then relapse and others continue to use the techniques for a lifetime.

One objection at this point is that instead of this indicating different levels on a spectrum of progress, some people may not have the right personality for the dialectic process. In this case, if personality traits are unchangeable, as assumed by some, they will never reach the level of 'readiness' or 'suitability' for Socratic examination. Similarly, some people will never benefit from CBT (McLellan, Peters, and Rapee, 2016). People who cannot participate, could be considered as lacking basic tools including the ability to think flexibly.

There are however indications in Plato's dialogues that suitability for the dialectic process is not dependent on innate or static personality features (leaving aside cases of permanent intellectual disability). One example of this is in *Alcibiades* (Plato, *Alcibiades*, 103a-106a), where Socrates states that he had been avoiding the protagonist previously because his daimonion would not let him associate with him. He continues "I think the god didn't let me talk to you because the conversation would have been pointless. But now he has told me to, because now you will listen to me" (Plato, *Alcibiades*, 105e). Now that Alcibiades is ready, Socrates is willing to converse with him. This shows that one's 'suitability' status can change. In any case, even if some people will never be suitable for CBT or the dialectic process, this does not affect my argument. The idea of a spectrum and my argument regarding the

relationship between the two forms of self-knowledge would still stand for people who *can* participate in these processes.

In support of there being criteria that need to be met for one to be ready to associate with Socrates, there are excerpts which further facilitate the clarification of what these criteria are and how to meet them. One example of this, mentioned by Socrates, is that "[…] a human being must understand speech in terms of general forms, proceeding to bring many perceptions together into a reasoned unity" (Plato, *Phaedrus*, 249b). Some attributes which are required include that one must be able to think and be able to discuss and understand notions, ideas, other people and situations, and one must have a certain degree of emotional stability and the ability to self-reflect. Two suitability criteria have thus emerged so far which can be developed in CBT. The first is that one is able and likely to continue to progress independently after the association. The second is that one has acquired basic cognitive skills necessary for the dialectic process.

Another criterion is indicated in *Timaeus* (Plato, *Timaeus*, 82-91), where the soul is initially without intelligence because of the influence of emotions. The soul of the educated becomes rational but it is not whole unless it can function in life (Plato, *Timaeus*, 44). In other words, one can make intellectual progress, and part of this gradual process includes moderation of the emotions. Mental health difficulties are often attributed to emotional dysregulation and a significant part of CBT's goals of therapy includes this kind of moderation. Another overall aim of CBT is to help clients to function more adaptively in life. In other words, CBT uses Socratic questioning and other techniques to help clients improve their self-knowledge, in part to enable them to function in life and to regulate their emotions, both of which are requirements and part of the initial stages of the soul becoming rational.

In another section in *Timaeus* (Plato, 1997), which points towards ways of improvement, and which also mentions mental health difficulties, Socrates speaks about the biological basis of mental disorders and of the role of upbringing, education, society, and peers. Here it is stated that although madness is not the fault of the person experiencing it, one can still try to change one's circumstances with the help of upbringing, studies, and pursuits. In his introduction to *Timaeus*, Jowett (1892, p.408) claims that in this source passions are caused by physical factors, however just as they are increased by bad education and laws, thus they can be decreased by good education and laws. Furthermore, in the *Sophist* (Plato, 1997), when people's souls are in a poor condition, the cause of this is disagreement between one's beliefs and desires, anger and pleasures, reason, and pain. One's soul can be cleansed by discarding this disagreement (Plato, *Sophist*, 227d-228b), showing again that people can gradually improve their intellectual status and that the difficulties experienced by people in the 'lower' stages of the spectrum, are often related to their emotions.

In the *Sophist*, teaching is considered the right 'treatment', or in line with my argument the method of improving on the spectrum. It is worth noting that according to Plato, there is ignorance in the form of 'not knowing', and ignorance in the form of 'not knowing but thinking that one knows', which is the worst form. The second kind is more difficult to treat because people do not tend to be willing to learn something they think they know. In these cases, teaching takes the form of cross-examination to reveal contradictions in one's beliefs so that one realises that one does not know. For the cleansing of the soul to be successful, learning needs to be effective and this will not happen until all the opinions that interfere with learning have been removed (Plato, *Sophist*, 227d-228b).

This implies that a necessary step or a criterion to learn from Socrates' dialectic is to be liberated from previous false convictions and have an open mind. This is something which is aimed at and frequently achieved in CBT. An important question which the therapist attempts

to answer when developing a treatment plan is what is preventing the client from learning. It is a key aspect of therapy that obstacles are identified, and learning is facilitated whether it relates to ways of thinking, feeling, behaving or anything else. When clients first engage in the process, they have numerous distorted beliefs and attitudes which are preventing them from functioning and improving. In their initial difficulty to see reality in a different light, they are convinced that their beliefs are accurate. One would say that in the Platonic sense they 'do not know, but they think they do'. Gradually clients learn how to question these beliefs and seek alternatives.

In other words, the CBT process of self-knowledge (as improvement) could be linked to the Platonic one as having the same outlook, however it is on a more elementary level and thus it constitutes a step in the right direction. It is worth noting at this point that CBT does not provide the *first* step in the right direction since not everybody is suitable or ready for CBT. During the initial assessment stage in therapy, a decision is made regarding appropriate treatment, and one may be refused CBT because one does not meet the criteria for it. This implies that there are steps needed to be taken for one to be able to engage in CBT. For example, the person needs to be ready and willing to engage, psychologically minded, able to self-reflect, rational, and susceptible to the process.

Also, Plato's self-knowledge and the Socratic dialogues are not at the *end* of the spectrum since nobody ever reaches knowledge of the Forms or the Good. Socrates does not necessarily reach a conclusion in each case. In fact, he usually opens more questions than he provides answers. Similarly, in CBT, the goal is to enable clients to open their minds to alternative ways of thinking, feeling, and living. In both cases people do not necessarily reach eternal truths, but if the process is successful, the participants will find themselves in a better position than they were previously. As Rowe (2010) put it, the Socratic dialogues are a "means of self-improvement".

This notion of a spectrum upon which people may advance or move backwards depending on whether they improve or not, is reinforced by the allegory of the charioteer in *Phaedrus* (Plato, *Phaedrus,* 246a-255c). Drawing on the same allegory, one can identify criteria and ways of self-improvement. Plato notes:

> 'Remember how we divided each soul in three at the beginning of our story-two parts in the form of horses and the third in that of a charioteer? Let us continue with that. One of the horses, we said, is good, the other not; […] The horse that is on the right […] his coat is white, his eyes are black, and he is a lover of honour with modesty and self-control; companion to true glory, he needs no whip, and is guided by verbal commands alone. The other horse […] black skin, and bloodshot white eyes; companion to wild boasts and indecency […] deaf as a post- and just barely yields to horsewhip and goad combined" (Plato, *Phaedrus*, 253d-e).

For the charioteer to approach the forms, he needs to control the horses which represent his irrational appetites, his emotions, and his noble impulses. As Griswold (1986, p. 93) points out, desires may move in different directions creating internal disharmony which is problematic for the soul's progress. The charioteer needs to be in control of the horses and their direction should not be dictated by them. However, the charioteer also needs the horses to move upward, thus emphasizing the inseparable unity of reason and desire.

According to Griswold's account (p. 94), the unity of the soul is functional and teleological since it is a condition for the charioteer (reason) to achieve its goal. The horses do not naturally follow the charioteer. Instead, force is needed and then training and habituation. Also, the horses (or the irrational part of the soul), are stronger, but they also have an element of intelligence since they are able to learn (Griswold, 1986, pp.92-93)

This endeavour reminds one of CBT helping clients to regain control in their lives. The emotional difficulties that clients struggle with and their effort to regulate them through rational deliberation and habituation of techniques are represented by the horses trying to control the direction of the chariot and the charioteer trying to regain control of them to achieve harmony and progress. When the horses are incontrollable and unpredictable, one deteriorates mentally, thus distancing oneself from one's goal or the Forms and the Good. With the help of CBT one can improve in this area, which will enable one to advance on the spectrum, and thus further approach knowledge of the Forms or the Good. This reinforces the notion that emotional regulation is a criterion for participation in the dialectic process.

A final point worth making is that I consider my argument to be valid for certain types of mental health difficulties and psychological disorders. Specifically, those which are relevant to CBT. Other types of symptoms may be useful for Platonic progress. In some cases, symptoms are maladaptive, distressing and debilitating. In other cases, they are inspiring and meaningful. Plato argued that "the best things we have come from madness, when it is given as a gift of the god" (Plato, *Phaedrus*, 244a) and that many men who appear 'mad' are so because their peers do not know that they are possessed by a god.

In *Phaedrus* Socrates describes four kinds of madness, each of which is honourable and praiseworthy but also misinterpreted. The first kind of madness is related to prophetic ability, and it is necessary since priestesses cannot fulfil their roles when they are in control of themselves. He mentions as further evidence of this, that the word mantic, meaning prophetic, derives from the word manic (Plato, *Phaedrus*, 244b-244c). Madness also provides relief from present adversities providing a means of escape. The third type is that of the Muses. Poets who produce self-controlled verses will be 'eclipsed' by the poetry of those inspired by madness. This notion of madness as inspiration promoting creativity is not foreign to contemporary ideas about psychological disorders (Andreasen, 1997; Kaufman, 2014; Nettle, 2001 etc.). Finally,

the superior type of madness is erotic madness during which one can obtain a glimpse of the Form of beauty (Plato, *Phaedrus*, 244a-245c, 250d). Socrates then concludes

> "There you have some of the fine achievements- and I could tell you even more- that are due to god-sent madness. We must not have any fear on this particular point, then, and we must not let anyone disturb us or frighten us with the claim that you should prefer a friend who is in control of himself to one who is disturbed… And we for our part, must prove the opposite, that this sort of madness is given us by the gods to ensure our greatest good fortune. It will be a proof that convinces the wise if not the clever" (Plato, *Phaedrus*, 245b).

In conclusion, the CBT process of self-knowledge (as improvement) is linked to the Platonic one as having the same outlook on a shared spectrum; however, it is on a more elementary level and thus it constitutes a step in the right direction (on a common path). Some indications that CBT is on a lower (potentially preparatory) stage relate to the type of difficulties clients usually present with, seek help for, and improve via the therapeutic process. I have shown that these difficulties are considered obstacles in Platonic type progress. Since CBT clients are struggling in these areas more than typical interlocutors, it is reasonable to assume that they are, on a lower level of progress. Examples of progress making criteria include emotion regulation, familiarization of the dialectic process, realising that one does not know what one thinks one knows, cognitive flexibility, rational deliberation, and empiricism, ability to function, self-reflection and learning how to use skills independently.

CBT, however, is an optional process and not a mandatory requirement for one to engage in Platonic self-knowledge, since one can take a different route to self-improvement. Also, as noted CBT does not provide the *first* step in the right direction since not everybody is suitable or ready for CBT. In addition to this, Plato's self-knowledge and the Socratic dialogues

may not be the *last* step on the spectrum since nobody ever reaches knowledge of the Forms or the Good. Socrates does not necessarily reach a conclusion in each case. In fact, he usually opens more questions than he provides answers to. In both CBT and Plato, one does not necessarily reach eternal truths, but if the process is successful, one will improve one's position in relation to them.

Conclusion

Self-knowledge in both Plato and CBT is considered extremely important in terms of human development and flourishing. It is essential and constitutive of a meaningful life. Enhancing self-knowledge involves discarding false beliefs which is foundational of a virtuous life and therefore of one's soul. Without it, limitations are not acknowledged and one's inquisitive nature is not activated, which prevents overall progress in inquiry. In this context it constitutes the beginning of philosophical enquiry which will result in a life-long attitude which will improve interpersonal relationships and result in continuous self-improvement. The direction towards which one improves via self-knowledge is towards the Good, therefore ultimate knowledge of one's true self is knowledge of the Good which is the end of human flourishing.

I have demonstrated that all these points are in congruence with self-knowledge in CBT. Therapeutic self-knowledge is a requirement for progress in therapy and in some cases, it is sufficient for significant clinical change. It entails knowledge of a commonly accepted notion of the norm or of wellbeing, towards which one is improving. Self-knowledge in CBT is not an individualistic process. It requires a collaborative alliance with the therapist and directly and indirectly an important part of it involves enhanced interpersonal relationships. Therapy

functions as an initial step towards a focus on self-awareness which will be maintained and further enhanced after therapy.

These initial comments on self-knowledge demonstrated similarities between Plato and CBT indicating a link between the two. This was reinforced by my presentation of specific sections and relevant readings of Plato compared to relevant notions in CBT. The idea of self-knowledge as self-constitution is dispersed throughout Plato's dialogues, and it is integral part of therapeutic self-knowledge. I then presented the famous allegory of Plato, of the ascendence of the philosopher out of the cave. Similarities were identified between certain stages of knowledge in the allegory and stages of therapeutic progress in CBT.

Self-knowledge as correcting one's beliefs sets was then explored. Two areas which were considered indicative of the incompatibility of self-knowledge in Plato and CBT were examined, specifically objectivity in method and outcome of self-knowledge. The objection was particularly convincing in terms of the notion of objectivity in outcome. Ultimate knowledge of one's true self involves knowledge of the Forms or the Good, which are absolute objective truths common to all. I demonstrated that the outcomes of CBT are also directed towards a similarly objective goal. It was suggested therefore that these areas strengthen instead of weakening the link between Plato and self-knowledge.

I conclude that there are enough similarities, commonalities, and equivalent notions between self-knowledge in Plato and CBT to support a link between them. I do not think, however that CBT is simply a modern version of Plato in this context. Rather I argue that their commonalities and differences indicate that they are related to two different stages or levels of self-knowledge on a spectrum from the furthest one can be from true self-knowledge to the closest. CBT is related to a lower level of self-knowledge and its function is to prepare and

enable people to engage in Socratic type questioning. Two examples of how this is achieved is via emotion regulation and cognitive flexibility.

This first chapter focused on a significant area of human flourishing which is that of self-knowledge. I believe that my analysis has reinforced the therapeutic value of Plato by presenting points of congruence and similarities between self-knowledge in Plato and CBT. In this context perhaps CBT could use Plato's theory to improve its understanding of the role of self-knowledge in client improvement and quality of life. I have also offered an alternative proposal about the nature of their relationship. The next step will be to explore in more depth, another essential factor in human flourishing which is knowledge of the external world. In other words, the next chapter moves from knowledge of the self to perception of the self and of one's environment. This will take place in the context of the role of cognitions and of improving one's interpretation of reality via cognitive restructuring in Stoicism and CBT.

2. Cognitions in Stoicism and CBT

The next area of psychological wellbeing and psychotherapeutic practice which is integral to mental health is that of cognition. One's thoughts influence the way one experiences oneself, the world and one's future and have a significant role in the development of psychopathology and wellbeing. Cognitive factors for example memories, perception, attention, predictions, aspirations, judgements, evaluations all contribute to one's quality of life, arguably more than circumstances or one's environment. In this chapter I continue my comparison of ancient philosophy and CBT in the context of cognition in the Stoic thought. Some of the key notions founding CBT are derived from Stoicism, which makes this comparison a popular one in the literature. There are numerous points of congruence, similarities, and equivalent notions, practices, and techniques, between the two approaches, all of which support the therapeutic value of Stoicism. I present some of the most interesting points of congruence discussed in the literature before turning to an area less explored, which is that of core beliefs. I also identify differences which are of academic interest but also may suggest areas in which CBT could improve with the help of Stoic considerations, or Stoicism could improve with the practical guidance of CBT.

The main areas which I focus on include 1) the role of cognition in psychopathology and mental wellbeing, 2) the development of unhelpful cognitive patterns, 3) cognitive restructuring, including thought monitoring, specific techniques of thought examination, re-evaluation, and habituation and 4) core beliefs.

CBT is based on the idea that negative and distorted beliefs and thinking patterns contribute to, or even cause, psychological distress, and emotional difficulties. What is

important is that these beliefs are often interpretations of events and one's environment, or one's perception of the value of things which often do not represent reality. In other words, unhelpful thoughts causing emotional distress, are often inaccurate. These notions are in congruence with the Stoic tradition, since the main causes of emotional distress according to the Stoics are inaccurate thoughts and evaluations (Nordenfelt, 1997). Stoics recognise that one is not disturbed by events, but by one's perception or interpretation of these events. This suggests that one always has control over how one interprets things and therefore over one's emotional state.

According to the Stoic thought, cognitions are inaccurate, and therefore could constitute a source of distress, if they are not in congruence with reason. Specifically, humans have an animalistic part and a divine part (Inwood, 1985), and wellbeing is achieved when one lives according to one's divine nature, in other words reason and virtue. This entails attributing good and bad only to things within one's sphere of responsibility and control, which are internal to oneself including thoughts, choices, decisions, evaluations, actions. Everything else should be considered indifferent and therefore not important enough to cause distress. When one is mistaken in this area, for example one overestimates the significance of things one ought to be indifferent to, then one is exposed to unjustified and unnecessary distress.

Interestingly, work conducted with cognition in the context of CBT also involves the assumption that clients are mistaken in their evaluations of good, bad and what is important. This is not stated in the clear, direct way of the Stoic thought, however as I shall demonstrate, exploration of CBT theory and practice reveals that it involves equivalent notions about unhelpful and inaccurate cognitions which result in emotional distress and psychopathology. In CBT there are three levels of processing which interact. These include 1) core beliefs which are deeply rooted, underlying beliefs which function as a framework for the processing of information, 2) assumptions or conditions which are like rules or criteria one must meet to

protect oneself from the activation of maladaptive core beliefs and 3) negative automatic thoughts, which are unintentional thoughts that automatically arise in response to specific objects and situations. All these levels of processing may entail errors in judgements of the Stoic type, for example by overestimating the threat or the value of something or attributing bad and good to insignificant things.

Other similarities identified relate to the development of cognitions in CBT and Stoicism. Both approaches recognise the impact of genetic features on the development of rational and irrational cognitions. As one becomes older, one is more capable of thinking and acting according to reason. In each developmental stage one acts according to one's evaluations of good and bad, and these may be more or less accurate. Without adequate instruction, one may habituate cognitive tendencies which are unhelpful. This could result in one experiencing mental health difficulties when older.

To reduce the distress caused by inaccurate and unhelpful cognitive tendencies, and to improve one's quality of life, CBT and Stoicism recommend the examination and modification of one's thoughts. The techniques and practices used for this purpose in CBT and Stoicism are equivalent in important ways since they both promote rationality, self-control, responsibility and diligently observing one's thoughts. I shall demonstrate some of the similarities Stoic rational restructuring shares with cognitive restructuring in CBT in terms of methods and techniques. Some common steps, for example, to cognitive modification include thought monitoring, the empirical analysis and exploration of thoughts and the replacement of unhelpful thoughts via alternative thinking. They also share common methods of facilitating alternative thinking like the reserve clause, the double standards method, or deriving positives from negatives.

Following the general outline of similarities in terms of the role, development and modification of cognitions in CBT and Stoicism, I focus on the relatively neglected notion of core beliefs. I identify two concepts in Stoicism which are equivalent to core beliefs and have the same role in terms of mental health. I focus on the work of Epictetus, Seneca, and Marcus Aurelius because I believe that the views of these three thinkers are the most relevant to the development of the notion of core beliefs. The first concept is έξεις (*hexeis*), which describes emotional, attitudinal, and interpretational dispositions or tendencies. Like core beliefs, 1) they are underlying cognitive elements, involving emotions and behaviours which are developed based on genetic and environmental factors; 2) they influence one's interpretation and recollection of experience; and therefore, they guide one's judgments, decisions, and actions, and 3) when they are maladaptive, they result in emotional distress and mental illness.

The second way of linking core beliefs with Stoicism involves the notion of προλήψεις (*prolepseis),* which are innate dispositions to make judgements. I identify points of congruence with core beliefs, examples of which include 1) that they both involve an innate potential to form judgements, 2) that their development requires relevant experiences and judgements, 3) that they have a common function of providing a framework which guides one's thoughts, feelings, and behaviours, and 4) that inaccurate *prolepseis* and core beliefs result in distress and mental illness. Additional commonalities relate to factors which prevent one from developing perfect core beliefs and *prolepseis,* for example a prevalent animalistic part, inadequate instruction, inefficient capacity for alternative thinking and habits being resistant to change.

There are important similarities between *prolepseis* and core beliefs, however their differences are just as interesting. Some of these include that: 1) *prolepseis* are (or aim to be) mostly related to, what the Stoics would call, one's divine nature (rational ability), whereas negative core beliefs are to a large extent influenced by one's animalistic part; 2) *prolepseis*

are better understood in terms of future goals, whereas core beliefs in terms of the influence of the past; and 3) *prolepseis* are improved via a normative *standard* of judgement, which is ambitious yet unattainable, whereas core beliefs are improved via a *process* of open-ended exploration, which is less ambitious but more achievable. These differences suggest ways in which the two theoretical approaches of Stoic philosophy and CBT could inform one another, for example there may be scope for CBT to increase its focus on teleological aims, whereas Stoicism could enhance its consideration of the impact of one's past on what one is psychologically capable of.

The similarities and differences analysed in this chapter are of academic interest since they reinforce a link between CBT and the Stoic thought which contributes to relevant literature. They are also of practical significance, however, since they indicate that Stoicism has therapeutic value but also they imply that philosophy and psychotherapy could benefit from one another.

2.1. The role of cognitions in Stoicism and CBT

Stoicism is a Hellenistic school of thought founded by Zeno in the 3rd century BC. Stoic philosophy is separated into three broad categories: logic, physics, and ethics. The first category includes theory of knowledge, formal logic, but also semantics, grammar and stylistics since *logos* means reason and speech. Physics for the Stoics is the subject of nature including theology and although much of Stoic science is based on empirical observations, it was mostly speculative. The section which is particularly relevant for psychotherapy is that of ethics, which they intended to be practical. Stoic philosophers engaged in theoretical analysis of moral concepts to demonstrate their validity, so that they can be applied in practice by followers, to promote well-being and for them to live the best life possible.

The comparison of Stoicism with the theoretical underpinnings and specific techniques of CBT is not an original or modern endeavour. Stoicism is considered to have an important role in the foundation and development of CBT (Murguia, 2015, Robertson, 2010). Key representatives of CBT have commented on the influence and similarities between the two. Donald Robertson (2010), for example, provides a detailed account of how philosophy has influenced and continues to influence psychotherapy: "Of the various schools of Socratic philosophy, the one that bears the strongest therapeutic orientation is undoubtedly Stoicism" (Robertson, 2010, p. 19). He notes that Chrysippus considered the role of the philosopher to be that of a physician of the soul.

The earliest cognitive behavioural therapy is that of Albert Ellis (1994) who developed Rational Emotive therapy. He claims that the basic principles of Rational Emotive Behavioural Therapy (REBT), are adopted and adapted in part from ancient Greek and Roman Stoic philosophers. He attempted to apply the most practical parts of their theories in psychotherapy (Ellis, 1994, p.53). Ellis was influenced by many philosophers both ancient and modern, however it was the idea of Epictetus that people are not disturbed by their environment but by their perception of their environment, that solidified his view that philosophical factors are more influential than psychoanalytical ones in contributing to psychological disorder and wellbeing (Dryden and Ellis, 1988, p. 214). Epictetus argues that:

> "It is not the things themselves that disturb men, but their judgements about these things. For example, death is nothing dreadful, or else Socrates too would have thought so, but the judgement that death is dreadful, this is the dreadful thing. When, therefore, we are hindered, or disturbed, or grieved, let us never blame anyone but ourselves, that means, our own judgements" (Epictetus, *Enchiridion,* 6)

According to the ABC theory of emotion by Ellis (1994), 'A' represents the activating event, 'B' the belief associated with 'A', and 'C' is the emotional consequence of these. Despite o*ne* usually believing that the activating event is what causes the emotional consequence, it is really one's belief or interpretation of it. Thus, rational beliefs or interpretations will result in rational emotional responses, whereas irrational ones will lead to irrational responses and ultimately to pathological emotions and conditions in some cases. (Ellis, 1994, pp. 106-138).

This constitutes the most fundamental belief of cognitive behavioural type therapies, that cognitions influence emotions and that irrational beliefs can cause and maintain emotional disturbances leading to psychological disorders. Cognitive therapy is based on the idea that psychological disorders and mental health difficulties are related to negative and distorted thinking patterns. In this context, one promotes one's mental wellbeing by changing these patterns and replacing irrational beliefs with more realistic ones.

Similarly, according to the Stoics, emotions are not in opposition to reason, but they are directly linked to reason since they derive from it, being at times both the cause and the product of one's decisions and evaluations. If one believes that something is terrible, then this will induce negative emotions. If on the other hand one considers something bad, to be indifferent, then one will feel neutrally about it. Similarly, if one decides to have a positive attitude towards something, positive emotions will be triggered. By changing one's evaluations of something, one alters one's emotional response. Judgements are within our control and therefore so are their corresponding emotions (Robertson, 2010, p. 73).

Stoic value theory. Stoic philosophy has a specific theory about which cognitions are accurate, reasonable, and therefore lead to the best life possible. It is necessary to have a good understanding of this theory, to be able to compare it to equivalent notions in CBT. Stoicism is the practice of wisdom or of appropriate science made up of the three integral parts

mentioned (logic, physics, and ethics) which are directly related. The overall goal is to live well, which one can only achieve if one is wise in all three (Long, 1986, 118-119). A good understanding of these three disciplines facilitates living in a way which does not oppose nature, and this enables one to live the best life possible. Seneca states that "our motto, as everyone knows, is to live in conformity with nature" (Seneca, *Epistles* 5), and as Long (1986) points out, "the value of anything else in the world depends on its relationship to Nature. Accordance with Nature denotes positive value and contrariness to Nature the opposite" (Long, 1986, p. 179).

By nature, the Stoics mean a being's own individual nature, but also a whole system, universal nature. For most beings in the world, their individual nature is not complicated upon reflection. Long (1986) points out, for example, that it is not difficult to identify this in a plant or a cat, since they automatically act according to their nature when they grow or act in a specific way. Also, in terms of a being's nature, it makes sense that some things are appropriate or good for it and some things are inappropriate and bad for it, for example a plant needs the sun. Universal nature includes these norms for each being which determine individual ends, but it also includes what is beneficial or a norm for the whole system of which individuals are a part:

> "For our individual natures are all parts of universal nature; on which account the chief good is to live in a manner corresponding to nature, and that means corresponding to one's own nature and to universal nature" (*Diogenes Laertius*, 2 018).

To determine what the individual nature of a human being is, the Stoics turn to traits which differentiate us from other animals. This is also what the Stoics consider to be the divine part of humans, whereas the features and traits which we share with animals are the animalistic

part. They consider the divine part to be reason and virtue. For a human being, therefore, living in congruence with nature means living according to reason or human virtue. Following a rational way of living, fulfils one's natural potential, and achieves one's end (Epictetus, 1995).

As for living in accordance with the universal nature of the whole system, the Stoics argue that one needs to consider one's circumstances, actions and life as part of the whole. This means that one needs to accept things which may seem negative on an individual level, if they are natural from a universal perspective. The Stoics recommend that one accepts these adverse situations, *as if* one had willed them (Marcus Aurelius, 2006).

Events, thus, can be evaluated from the viewpoint of the individual being or from the perspective of the universe as a whole. In this context, something that is unnatural and bad for a specific being, for example ill-health, is natural from the perspective of the whole, which is perfect. From a universal viewpoint, no event is unnatural or disadvantageous: "Nature does not ordain suffering for its own sake, but it is necessary to the economy of the whole" (Long, 1986, p. 181). Also, although nature is not the cause of bad actions, it does harmonize the problems caused by them. Bad actions are caused by humans, because they are endowed with divine reason (*logos*), which is free unlike the automated restraints of other beings, and it enables them to choose to act in opposition to nature.

Cognitions according to nature, are those which are in congruence with the position that the only thing which is valuable in itself is what one is responsible for, and that is living in accordance with reason and virtue. Everything else is beyond one's sphere of responsibility or control. Therefore, one should not prioritize anything over thinking, choosing, and acting in accordance with reason. One must act in accordance with reason, for the sake of reason and continuously, so that this becomes a disposition and a way of life.

According to the Stoics things within one's sphere of control cannot be influenced by external factors. They are free both in terms of the restraints of nature, since one can choose to act against nature, and free from anything external to one's faculty of autonomous agency. Conversely, everything outside one's sphere of control is subject to influence by external factors and does not warrant special attention for two main reasons: 1) externals are base, not divine, and therefore not constitutive of one's soul and 2) externals are not one's responsibility. When one attributes more significance than is warranted to externals and to the body, then one becomes disproportionately distressed when these are destructed or damaged in some way.

> "The things that are up to us are by nature free, unhindered and unimpeded; but those that are not up to us are weak, servile, subject to hindrance, and not our own. Remember, then, that if you suppose what is naturally enslaved to be free, and what is not your own to be your own, you will be hampered, you will lament, you will be disturbed, and you will find fault with both gods and men. But if you suppose only what is your own to be your own, and what is not your own not to be your own (as is indeed the case), no one will ever coerce you, no one will hinder you, you will find fault with no one, you will accuse no one, you will not do a single thing against your will, you will have no enemy, and no one will harm you because no harm can affect you" (Epictetus *Enchiridion* 1)

This further supports the importance of appropriate cognitions and evaluations as a condition for wellbeing. Some examples of things within one's control include one's thoughts and actions, what one chooses to put effort into, how one spends one's free time, how one speaks to oneself, how one handles and responds to challenges, one's boundaries and more. Examples of things that are not within one's control include the actions or opinions of others, the past, the outcome of one's efforts, the future, how others take care of themselves, what others think of me, natural disasters, and death. Epictetus states that:

> "Some things are up to us and others are not. Up to us are opinion, impulse, desire, aversion and, in a word, whatever is our own action. Not up to us are body, property, reputation, office, and, in a word, whatever is not our own action." (Epictetus, *Enchiridion* 1).

Since the only things that one should be concerned with are factors within one's sphere of control, then these are the only justified cause of distress. Sahakian (1969) notes that attributing significance to external things is always incorrect because 1) they are not a sufficient or a necessary condition for happiness, and 2) they are value neutral, intrinsically good, since they can be used for good or bad goals (for example wealth).

It is worth noting that since humans have both a divine and an animalistic part, there are things which are beneficial for each of them. It makes sense, therefore, that one will care about both these aspects and desire things constitutive of both. Being physically hurt, dying, or losing one's possessions or loved ones, opposes the animalistic part and therefore will cause a certain level of distress. The point is, however, that this part should not be prioritized over one's divine part. The more one is concerned with one's divine faculties, the less one will bother about things related to one's animalistic part and the less distress these will cause. If, for example, to obtain wealth one must be unjust then one should always prioritise being just. Also, if one is unable to obtain an external such as wealth, this should not be a source of *severe* distress, which is more suited to things within one's sphere of control. One may automatically feel sad when in extreme pain, when sick or when one loses a loved one, however this should not be consuming or overwhelming, and the distress should be proportionate to the 'part' harmed. This also makes sense in the context of acting in accordance with universal nature as mentioned previously. If one fulfils this requirement, then one will recognise adversity and obstacles as part of the natural flow of life.

This suggests that some things which are indifferent are also of value but not *in themselves*. These things, like wealth are valuable when compared to something else, for example poverty. Therefore, they are *preferable,* however they are indifferent for the Stoics because they do not contribute to virtue or happiness, and they are not good in themselves since they do not relate to one's divine nature. Things which are not within one's sphere of control depend also on external factors and fortune (Epictetus, 1995). For this reason, *choosing* a desirable or noble outcome is considered more important than *achieving* it, which further emphasizes the significance of intention and choice instead of anything else.

This Stoic theory of value is important to understand the role of thought in wellbeing since wrong impressions of good and bad, can lead to choices and actions in opposition to nature, which is not constitutive of a good life. One's wellbeing is dependent on one's state of mind (Long, 1986 p. 183). If one attributes good and bad evaluations to indifferents, then one will easily stray from what is according to one's nature, which is rational and virtuous action. Prioritizing what is not within one's sphere of control may lead to distress and emotional difficulties. Having, therefore, the correct impressions is integral for wellbeing in Stoicism, and this is facilitated by knowledge of logic, physics, and ethics.

There are three parts of Stoic philosophy which facilitate correct judgements and actions according to nature, and therefore promote mental wellbeing. 1) Logic is involved in the stage of correctly assenting to an impression or appearance. 2) Knowledge of physics is necessary to understand one's environment so that one can avoid erroneous judgements. 3) Ethics provides the value theory without which one would struggle to make correct evaluations, which lead to appropriate emotions and actions. Marcus Aurelius recommends that one "apply them constantly, to everything that happens: Physics, Ethics, Logic" (Marcus Aurelius, *Meditations,* 8.13)

Cognitions which follow these guidelines result in the best life possible and those which oppose them result in distress, highlighting the role of accurate cognitions and evaluations for mental health, which as mentioned is a foundational position of the theory of CBT. An integral part of CBT is collaborative empiricism which involves the exploration and examination of one's cognitions, based on empirical data and reason (Beck, 2020). This includes aspects of the three disciplines of Stoicism. A better understanding of events and one's environment via empirical knowledge and logic, results in more informed interpretations, epistemically improved impressions, and evaluations, which as mentioned help to promote wellbeing and reduce distress.

Accurate or rational thinking based on empiricism is therefore paramount for mental wellbeing in both CBT and Stoicism. It is therefore worth elaborating further on the nature and processes involved in rational and irrational cognitions in both these approaches. According to Beck, cognitions are better understood in terms of three levels of processing which interact: core beliefs, underlying assumptions or rules and negative automatic thoughts.

1) Core beliefs are usually developed based on one's genetic inheritance and one's experiences, involving fundamental beliefs or conclusions about oneself, others and the world or future. They function as a framework for the processing of information and therefore they have a biasing impact on other thought processes (Beck, 1979; Beck, 2020). Examples of typical negative core beliefs identified in clients include that one is unlovable (self), that people pose a threat (others), that the world is a dangerous place and the future is hopeless (world/future). These are like prisms through which one perceives things, for example if one has the belief 'I am unlovable' then one may interpret other people's behaviours as confirming this. Core beliefs are typically hard to change because they are deeply rooted, and they are continuously reinforced by congruent perceptions. One can have positive and negative underlying core beliefs and one is usually not aware of them despite them having a significant

impact on the way one thinks. When distressed, often one's negative core beliefs are activated and then one is negatively biased in one's interpretations of reality.

2) Resulting from one's core beliefs are relevant underlying assumptions or conditional beliefs. Assumptions are like rules which often take the form of *if…then statements.* One example is the assumption "if I do not succeed in everything, then people will not like me". *Should* and *must* statements are often linked to rules for example "I should always strive to do my best at everything". These assumptions and rules, function to counteract the core belief, or to prevent its actualization. When one's rules, conditions or assumptions are not fulfilled, then the core belief is activated, one's cognitions are negatively biased, and this could result in emotional disturbances (Wenzel, 2012). To consider an example one may have the conditional belief "if I always please others, then they will accept me", which relates to the core belief "I am not good enough". When one is not able to meet this condition, this is perceived as evidence that one is "not good enough". The negative impact of this may be exaggerated making one feel distressed and like a failure. In this way these rules often end up reinforcing negative core beliefs.

3) Negative automatic thoughts result from negative core beliefs and negative assumptions and rules. They are unintentional and they enter one's mind automatically. These thoughts are usually related to specific objects and circumstances. When one is distressed, they are negatively biased, resulting in feedback which prolongs and intensifies one's negative mood. Despite them entering one's mind automatically and thus being unintentional, one is typically aware of them (Beck, 2020). This differentiates them from core beliefs and assumptions which are often underlying processes and thus concealed unless one engages in psychological therapy. Negative automatic thoughts are convincing for the person, and they can be triggered by internal or external events. Their content usually corresponds to assumptions or rules since they derive from them. They arise in specific situations for example

if one is late for a meeting, a negative automatic thought might be "they will think badly of me" (Neenan and Dryden, 2010, pp.5-8), which could be related to a more general, conditional belief 'if I am always perfect, people will approve of me' which may derive from the even more general core belief 'I am not good enough'.

To understand how these three levels of cognitions interact one could consider the example of a woman whose activated core belief is that she is worthless. This leads to the assumption that if she does not succeed in everything, she is a failure, which is confirmed by negative automatic thoughts that enter her mind every time she makes a mistake. She may drop a cup or fail an interview and perceive these as evidence of her being worthless. If her positive core beliefs were activated, she probably wouldn't mind dropping the cup, or failing the interview.

In terms of Stoicism, these levels of processing are linked to accurate and inaccurate cognitions and evaluations which result in corresponding emotions. When these result in cognitions which oppose nature or which are not according to reason and virtue, one becomes distressed. Robertson (2010) identifies an interesting link between the negative triad of core beliefs in CBT and the Stoic threefold rule. The negative triad is noted in Beck as negative core beliefs related to the *self*, the *world* and the *future* (Beck, 1979, pp. 10-11), and in Ellis it is types of irrational beliefs which cause emotional disturbance, relating to the *self*, *life* (or world) and view of *others* (Ellis and MacLaren, 2005, p.32). According to Robertson (2010) the Stoics similarly categorize human relationships into those: with the body (self), with the divine (or universal nature, world), and with surrounding people (others). He argues that this triad also correlates with the three parts of Stoicism mentioned earlier: logic, physics, and ethics. He further links these to practical aspects of therapy by quoting Epictetus in saying:

> "There are three areas of study, in which a person who is going to be good and noble must be trained. That concerning desires and aversions, so that he may neither fail to get what he desires nor fall into what he would avoid. That concerning the impulse to act and not to act, and, in general, appropriate behaviour; so that he may act in an orderly manner and after due consideration, and not carelessly. The third is concerned with freedom from deception and hasty judgement, and, in general, whatever is concerned with assent". (Epictetus, *Discourses*, 3.2.1–2).

Robertson clarifies these links by showing how these interrelate:

1) Physics represents the *world,* which in Stoic therapy is related to fear and desire, corresponding to *feelings* in CBT. Bearing in mind what has been said previously physics includes cosmology and theology, which therefore is related to the nature of the world and humans' role and place in it. This facilitates understanding of the theory of things within one's control and things outside of one's control, which is foundational for accurate judgements about what is appropriate for one to fear or desire, and the corresponding experience of rational emotions.

2) *Ethics* represents our relationships with *others*, which in Stoic therapy is related to action corresponding to *behaviour* in CBT. This area includes the self-management of one's thoughts, intentions and actions based on what is appropriate in each situation. Within CBT, discussions and exercises take place to establish and habituate what is appropriate, for example Robertson mentions social skills training, communication skills and assertiveness training, topics which are explored in the context of cognitive restructuring.

3) *Logic* represents the *self* in Stoic therapy, and its relation to judgements, which corresponds to *thoughts* or cognitions in CBT. As mentioned previously, it is an important part

of Stoic therapy that one avoids incorrect judgements. Each impression or appearance needs to be tested by reason. This is perhaps the most relevant discipline for cognitive restructuring in CBT.

Relevant to this, Robertson quotes Marcus Aurelius: "Objective judgement, now, at this very moment. Unselfish action, now, at this very moment. Willing acceptance- now, at this very moment- of all external events. That's all you need" (Marcus Aurelius, *Meditations*, 9.6). He comments that the first statement is related to logic, the second to ethics and the third physics. (Robertson, 2010, pp. 62-70).

One difference worth mentioning between CBT and Stoicism relates to their understanding of the pathological. From the viewpoint of CBT in some cases one may have a wrong judgement which does not lead to maladaptive emotions or intense distress, in which case pathology is not assumed therapy is unnecessary. However, for the Stoics all wrong judgements are in a way pathological since cognitions which are not in accordance with nature divert from wellbeing.

Conditional beliefs and negative automatic thoughts are also linked to inaccurate cognitions in Stoicism. Mental health difficulties, according to the Stoic thought, mainly derive from wrongly thinking that certain things are in one's control, when they are not, and then one becoming distressed by not being able to control them or from incorrectly assigning value to them. This theoretical position is equivalent to the theory of unhelpful thinking styles in CBT, which bias one's cognitions and therefore result in inaccurate impressions and wrong evaluations, resulting in unnecessary emotional distress.

Negative automatic thoughts derive from unhelpful thinking styles or cognitive distortions. These are like cognitive mechanisms which develop based on the interaction between genetic features and environmental experiences. The adaptive purpose of these

thinking styles is quick decision making so that one can respond to one's environment efficiently. They function like biases do, by filtering out information which is not of interest (threat focused). Since their purpose is to facilitate rapid identification of threat, they often make one automatically jump to the worst-case scenario in a given situation. It makes sense that this is adaptively beneficial since if one anticipates the worst-case scenario, one will be better prepared to act accordingly to protect oneself. When this is excessive, however, it is no longer beneficial because it results in one experiencing negative and unhelpful emotions on a regular basis. When unhelpful thinking styles distort reality or evaluations they may result in emotional distress and mental health difficulties. To consider an example, if one always interprets situations as indicating that other people are threatening, one will be better prepared to respond to attacks. This, however, is unhelpful because it entails one always being on guard, and therefore anxious and cautious of people, which in most cases is unnecessary and prevents one from having meaningful relationships with others.

For practical purposes therapists have identified some common unhelpful thinking styles (allowing variations). These include:

1) *All or nothing thinking*, which is a tendency to make evaluations in extreme terms; for example, if one does not pass a test this is considered an indication that one is an absolute failure.

2) *Overgeneralization*, according to which one generalises a negative event by thinking that this happens all the time, or often, or in many situations; for example, if a man asks a woman on a date and she turns him down, he might think that this is typical and will never change.

3) *Selective abstraction,* which is like a negative mental filter, ignoring positive details of a situation and focusing on negatives; for example, a student might focus on the few questions they got wrong, leading them to believe that they will fail the test.

4) *Disqualifying the positive*, by ignoring positive experiences and traits, or turning them into neutral or negative ones; for example, one interpreting compliments as being due to the other person trying to be polite or nice.

5) *Jumping to conclusions* which involves making unjustified assumptions, like *mind-reading* which often involves the assumption that people are thinking negatively about one, or fortune-*telling*, which results in unfounded negative predictions, for example one being convinced that therapy will fail and that one's depression will last forever.

6) *Magnification or minimization*, according to which one commonly exaggerates the importance of negative events or of personal imperfections, whilst considering positive events and personal attributes as insignificant; for example, one believing that if one fails the exam, one's life will be over.

7) *Emotional reasoning*, when one believes that one's emotions are facts and evidence for truth; for example, if one feels like a failure, this must be the case.

8) S*hould and must* statements make one feel pressured and resentful because one is too demanding on oneself and others; for example, one believing that people *should* always be very polite and smiley.

9) *Labelling* and mislabelling which represents cases when one categorises oneself or others; for example, one might label one's secretary as 'uncooperative' or 'lazy.

10) *Personalization*, is when one unjustly takes responsibility for something negative; for example, when a mother feels guilty when her child does not get good grades at school.

(Burns, 1980, pp. 38-52).

Although people vary in the type of negative distortions they usually engage in, cognitive distortions share certain common attributes. 1) they happen automatically without

the person being aware of them, 2) they are dysfunctional, and they are often not based on logic or reason, 3) They appear to be correct or plausible and clients are convinced of their validity, 4) They are involuntary, however they are also deeply rooted, so it is difficult for clients to stop engaging in them (Beck, 1979).

These unhelpful thinking styles result in one making inaccurate good and bad evaluations and misattributing significance to things, which is equivalent to the Stoic theory of value mentioned previously. According to the Stoics, the cause of distress are inaccurate evaluations of good and bad. Similarly, each of these unhelpful thinking styles in one way or another result in misattributions of good or bad value to things. In the case of mind reading for example, one incorrectly evaluates a situation involving others as being negative. Unhelpful thinking styles bias one's interpretations and therefore result in cognitions which are not based on empiricism or reason. In congruence with the Stoic theory, this results in unnecessary emotional distress.

This section has highlighted points of congruence related to the role and nature of cognitions which result in psychopathology or mental wellbeing, in Stoicism and CBT. Another area which is integral to understanding cognitions in Stoicism and CBT relates to the development of cognitions. Identifying similarities in this area contributes to my argument supporting the comparability of these two approaches to mental health.

2.2. The development of cognitions in Stoicism and CBT

The idea that Stoicism contains a theory of psychology with a corresponding one of psychopathology and psychotherapy is well supported in the literature (Woollen, 2003; Gurinat, 2009; Ferraiolo, 2011; Sorabji, 1997; Pereboom, 2004). Woollen, (2003) argues that Stoicism itself is most accurately understood as a type of psychotherapy. He acknowledges,

however, that although many Stoic psychotherapeutic techniques can be identified, for these to constitute a system of psychotherapy they would need to be included in, or linked to, a theory of psychopathology. This in turn, would include a theory of human development which would indicate what healthy versus pathological conditions are.

Woollen (2003) believes that these requirements are present in Stoic psychological theory. In particular, the theory of *oikeiosis,* which means familiarization or *making one's own*, offers an account of human development by identifying appropriate behaviour in each developmental stage. According to this, people tend to pursue whatever promotes their preservation and avoid whatever goes against it. This is instinctual to begin with, however when one becomes more rational, one becomes interested in whether one is right to value certain things. Also, as Woollen points out, since acting in accordance with nature leads ultimately to *eudaimonia*, which is a life of virtue and happiness, then acting rationally will lead to the same. This entails preferring whatever is in accordance with the nature of rational beings (Woollen, 2003, pp. 32-33). Acting in accordance with one's rational nature, thus becomes the foundation of the Stoic value system, their ethical outlook and the condition for the promotion of one's wellbeing.

By their nature thus, from birth, humans are provided with an animalistic part with impulses towards physical elements but also innate impulses towards virtue (SVF I 566; Seneca, *Epistles*, 120, 4). It is then one's responsibility to pursue virtue and to achieve a good character. This takes a lot of effort, since to act in accordance with their nature, humans must act according to reason and most external influences prevent that and instead promote physical or bodily considerations. The animalistic part of humans favours bodily constitution and pleasures over reason and virtue. These features are often linked to possessions, are dependent on one's environment and therefore are not one's responsibility like one's character is. (Long, 1986 p. 182).

Woollen (2003) continues by pointing out that an important requirement for thinking and acting according to nature is that one makes good use of representations of external or internal experiences. This involves desiring what is good for oneself and rejecting what is bad. Thus, what one believes and how one perceives external and internal representations becomes the foundation of one's wellbeing (Woollen, 2003, pp. 34-35).

This developmental theory shares equivalent features with the development of cognitions and unhelpful thinking styles in CBT. One is born with cognitive faculties which are shared with other species for example the fight or flight response, and faculties which are unique to humans like those involved in advanced thought processes. In each stage of one's development, one has the potential for accurate and inaccurate impressions and evaluations. As one grows older, one's ability to use reason and empiricism improves. It is also important however that one practices using reason from an early age to habituate it. Distressing events and inadequate support may favour the development of unhelpful thinking styles, which prevent one from using one's rational faculty adequately in one's judgements. To provide an example of how unhelpful cognitive processes may develop from a CBT perspective, I shall now present a case which is similar to that provided by Gilbert (2011):

When Oliver is growing up, he uses information from his environment to understand himself, others, and the world. The way he perceives things is also influenced by his genetic makeup, for example Oliver may have relatives who were overly cautious and protective and at times struggled to regulate their emotions. Throughout his childhood he compared his performance with that of his brother who was a high achiever and because he was not as good as him, he felt less worthy and incompetent. On top of this, his mother was overcritical and would often reinforce Oliver's negative thoughts about himself, by reprimanding him and comparing him to his brother. These ideas of incompetence were further reinforced by his

tendency at school to only compare himself with the best students, which made him appear less worthy despite him being above average.

Unintentionally Oliver would ignore or minimize any information that contradicted his negative thoughts about himself. He would interpret negative events as indicating his incompetence and positive ones as being due to chance and less important. If he achieved a high mark in a test, he would infer that it was easy, or if he was top of his class in football, he would compare himself to his coach. This emphasis on negative information and minimization and distortion of positive information contributed to the development of Oliver's negative core beliefs about himself for example that he is incompetent and worthless.

Oliver was not aware of these negative core beliefs, and they were not always dominant. Positive influences in his life had similarly resulted in the formation of positive core beliefs. Such examples include him noticing that he performed better than his peers in certain activities and the influence of his father, who despite traveling a lot for work, would praise his efforts when he was at home. His negative core beliefs became activated and dominant in college when he started to feel depressed.

As a result of the activation of negative core beliefs, his assumptions, attitudes, and rules were impacted. He believed that he should be great at everything, he should always try his hardest and that it is awful to waste his potential. He was not aware of these intermediate beliefs until he engaged in therapy, however these still had an impact on his thoughts and behaviours. One example of this is that he did not attempt to join the school newspaper because he did not think that he was good enough. Also, he would feel anxious about tests, thinking that he will fail, and guilty because he thought that he did not study enough.

Oliver's negative automatic thoughts were more apparent than the underlying core beliefs and intermediate beliefs. When he became depressed these were highlighted and other

positive thoughts that were previously present were discarded. These thoughts would arise in various situations for example when playing ball games, he would think that he will not be able to hit the ball or when getting a bad mark on his test he would consider himself stupid and he would think that he would not pass the course. When depressed, his unhelpful thinking styles were activated making him interpret events negatively and act in self-defeating ways. This would further reinforce negative thoughts thus increasing his dysfunctional behaviours and worsening his mood (Beck, 2011, pp. 40-43).

Each of these stages of Oliver's life can be viewed through the Stoic lenses of acting according to one's nature. If in each stage, Oliver was instructed in how to use empiricism and reason to interpret or evaluate situations, or if he only valued what is within his control, then perhaps he would have developed more adaptive or healthy thinking styles.

A common question is why people have these irrational, distorted thinking patterns and why do they influence people differently. In other words, many people's thoughts are influenced by these processes, however only a few end up with severe psychological difficulties and even fewer cannot overcome these difficulties. The answer to this question is complicated and it involves aspects like genetic heritage, personality, life events, maintaining factors and more. A typical understanding of these issues from a cognitive behavioural perspective is usually included in one's 'formulation'.

Also known as a conceptualization, a formulation is a collective understanding of one's difficulties in the context of a specific theoretical approach. It is developed collaboratively, based on empirical research and it links naturally to treatment goals and techniques. Conceptualizations are flexible and as such they can change, for example if new information is disclosed or if the treatment plan is not helpful (John and Segal, 2015). Some factors included in a formulation or conceptualization indicate areas which may impact on one's thinking

processes for example genetic susceptibility, adverse experiences in one's past, triggering, and stressful recent events, and current cycles which maintain one's difficulties (Dudley and Kuyken, 2006). These factors are also recognised in the Stoic thought as I shall demonstrate in the section regarding environmental factors in the development of cognitive tendencies.

In the context of thought restructuring in CBT, formulations are important because they point towards possible causes of maladaptive thinking patterns, maintaining factors and cycles, and they point towards an action plan. If one is presented with a coherent theory providing a rationale for why one's thought processes are dysfunctional, one will have a better understanding of one's condition and of how to overcome it, and therefore will be more motivated to make changes. It is reasonable that if treatment makes sense to clients, they will be more confident and hopeful about it, which is key to therapeutic success (Snyder et al. 2000). The Stoics are not as diligent or even interested in identifying details of why one engages in inaccurate and unhelpful thinking processes. This indicates another difference between the two approaches.

Depending on the formulation and action plan, thought restructuring may be considered beneficial for the client. The process of thought restructuring in CBT involves certain steps which one will first undertake with the help of the therapist and then one will continue to practice independently. These steps shall be analysed in the next section where I compare elements of cognitive restructuring in CBT with equivalent ones in Stoicism.

Similarities and points of congruence so far have been related to the role, nature and development of unhelpful cognitions in Stoicism and CBT. Both approaches acknowledge that accurate cognitions and evaluations are important for one to be able to live a good life leading to happiness. They also recognise that that most people do not have accurate thoughts consistently, and in some cases, this leads to distress and difficulties. For this reason, it is

important to provide the means to facilitate the examination and correction of one's beliefs. In CBT a typical way of doing this is by cognitive restructuring, elements of which are also found in Stoic thought.

2.3 Cognitive restructuring in Stoicism and CBT

Based on the information presented so far Stoicism and CBT agree that cognitions are the cause of (or main contributing factor to) and treatment for psychological distress and psychopathology. In this section to strengthen my overall argument of the comparability of Stoicism with CBT, indicating the therapeutic value of philosophy, I shall discuss the position that the Stoics were practical and therapeutic in their approach, and they recommended specific techniques and exercises which are equivalent to those of modern CBT (Robertson, 2010, pp. 15-39). The techniques used in CBT and Stoicism may differ in certain ways, however they are significantly similar in that they both promote rationality, self-control, responsibility and diligently observing one's thoughts as a way of modifying unhelpful tendencies and distressing emotions, to approach psychological wellbeing (Still and Dryden, 1999, p. 149)

The Stoic value theory has practical implications for example that a good life or wellbeing requires accurate judgements about oneself, others and the world which result in appropriate emotions and suitable actions. Mistakes in this process lead to distress and difficulties. This is in congruence with CBT and the most relevant technique to examine the appropriateness and usefulness of thoughts and to modify them when necessary, is cognitive restructuring. This technique consists of specific steps or elements, which can be considered therapeutic techniques in themselves, but they are more effective when included in the process of cognitive restructuring.

In most cases, clients are not used to noticing their unhelpful thoughts, and therefore the first step involves the therapist supporting the client in identifying them via 'thought monitoring'. Then collaboratively they determine whether the client's thoughts are related to unhelpful thinking styles (Beck, 2020). Through guided discovery thoughts are then assessed in terms of validity and value, to examine whether they are true and how important their content is in terms of one's life. Following this assessment, alternative, more adaptive thoughts will be sought out to replace dysfunctional ones. Each step of cognitive restructuring needs to be habituated by the client, which emphasises the importance of practicing the skills in between sessions. In other words it is not enough that one learns how to conduct cognitive restructuring, one must then habituate this by following the procedure independently often with the help of a worksheet.

I shall now analyse each of these steps or elements comparing them to similar techniques in Stoicism. First however I shall briefly mention the role of Socratic questioning or guided discovery in the process of CBT. This is important because it relates to another difference between Stoicism and CBT regarding the applicability of their techniques. Specifically that CBT is more interested in making techniques more achievable for people in distress, whereas the Stoics are more focused on providing a justification for their recommendations. This difference is further discussed in the section on the differences between Stoicism and CBT.

Socratic questioning. Throughout therapy, for all techniques and particularly when facilitating the re-evaluation of clients' thoughts, therapists employ the method of Socratic questioning. This is a method of guided discovery according to which, therapists ask a series of questions to help clients explore and re-evaluate their cognitions, and to assess the validity of their perceptions and the meaning and importance of events and situations (Beck and Dozois 2011). Despite the importance of this method and its prevalence in various psychotherapeutic

approaches, there is still no definite comprehensive description of it, partly due to the amount of ways in which the term is used and the discrepancies which exist in the literature (Carey and Mulan, 2004).

Overholser (1993) attempted to clarify the process by determining its constituents. He first mentions the element of systematic questioning. He describes this as a graded series of questions which have the purpose of helping clients to think independently, or as a progressive series of questions which shape the way clients think. They are structured, intended to facilitate the integration and use of information instead of just gathering it.

Drawing from Bloom (1955) and Sanders (1966), Overholser analyses seven types of questions, which he considers important because depending on the type of question asked, clients will engage in various ways of thinking. 1) Memory questions, for example "when did the problem start?", require recall of facts, but they should also facilitate learning, serving as a means not an end. They should centre on using the information, not just recalling it. 2) Translation questions, involve changing information into a different form, for example "what does it mean to you?". They help facilitate understanding. 3) Interpretation questions, for example "how are these cases similar/how do they differ?", promote the identification of meaning, links and generalizations. 4) Application questions, like 'what else have you done to solve this problem', facilitate the identification and implementation of skills. Clients independently put knowledge to practice. 5) Analysis questions, for example 'what evidence do you have of this?' break down clients' problems. They facilitate a greater awareness of the thought processes which lead to rational conclusions and the necessity of evidence. They often highlight inconsistencies in clients' thoughts. 6) Synthesis questions, for example 'what other ways could you look at this situation?', promote the identification of alternative ways of thinking to promote problem solving. 7) Evaluation questions, like 'how do you feel about

yourself as a person?', involve the identification of clients' standards and value judgments of their behaviours in comparison to these.

It is considered that engaging clients in active and reflective questioning and discussion is more beneficial for them than a more informative or instructive approach. Padesky (1993) highlights the importance of *collaborative* empiricism, which is better achieved when questioning has the goal of *guided discovery* instead of *changing minds*. In her analysis she highlights that in guided discovery clients should have the knowledge to answer the questions, and questioning should direct the clients' attention to something related to the issue which clients' did not previously consider. She also notes that questioning should start from the concrete and head towards the more abstract so that the new information can help clients to re-evaluate their conclusions or construct new ideas (Padesky, 1993). As implied by the term, this process derives from Socrates' dialectical method of epistemic improvement via the open-ended exploration of beliefs. With this method in mind, I shall now analyse specific steps relating to cognitive restructuring and demonstrate similarities between Stoicism and CBT.

Thought monitoring. For one to be able to examine and evaluate one's thoughts, one needs to be aware of them. For this reason, the first step in cognitive restructuring is thought identification. Beck (1979) uses an analogy to demonstrate the significance of awareness for change. In the case of using one's language one follows pronunciation and grammar rules without thinking about them. However, when one wants to learn a new language, one has to focus on these rules. Similarly, clients have been applying rules automatically in interpreting reality which have turned out to be maladaptive. They have been following incorrect rules or they have been applying them incorrectly, in other words either their basic premises, or their logical processes are erroneous. For example, a woman may have a basic premise that everyone hates her, or she might reach this conclusion by interpreting events in a faulty way. When these erroneous thinking patterns are significantly distressing, as part of therapy, the clients need to

learn new rules and therefore they must focus on them and analyse them (Beck, 1976, pp. 213-221). The first step to achieving this is to notice one's thoughts.

Thoughts are often gathered during the assessment and formulation stage, and they are also used to facilitate understanding of the CBT cycle (the interaction of thoughts, emotions, behaviours). An important part of CBT is the completion of hometasks which relate to a technique introduced in session. The typical hometask which enhances clients' tendency to notice thoughts is 'thought monitoring', according to which clients typically write down any thoughts they notice (Waltman, 2019). This task is integral for improvement and therefore it is important to motivate clients by providing a rationale for it. One way of doing this is by using maladaptive thoughts mentioned by the client to demonstrate how they are influencing the client's life.

Thought monitoring could take various forms depending on what is most convenient or suitable. Regarding the method of recording, clients can choose whether they prefer to write them on a piece of paper, on their phones or laptops, they may choose to make an audiorecording of them. The content of the recorded thought also depends on individual preference, for example they may just note key words, or include more elaboration, maybe even including further reflections on the thoughts.

In terms of the time of recording, this again depends on client circumstances and preference. Clients may record thoughts in real time, as they occur, which is ideal. Alternatively, they may spend a specific amount of time each day to reflect on events and situations which resulted in thoughts and write them both down in a thought diary. Thought monitoring is not limited to cognitions occurring within the day. It can also be based on recollection, for example clients can think about a time they were distressed and identify and write down relevant thoughts. They could also try to notice thoughts that are related to a

specific theme, for example self-doubt or rejection. The identification of thoughts is not always an easy task. Effort and determination are often required to be able to explore thoughts and to make them as specific as possible. The more specific the thought, the easier it will be to determine its validity (Beck, 1979, pp. 150-166).

Thought monitoring enhances clients' awareness of their thoughts and facilitates habituation of noticing them in real time. Stoicism also acknowledges the importance of this initial step.

> "Consciousness of our errors is the first step to salvation. This remark of Epicurus' is to me a very good one. For a person who is not aware that he is doing anything wrong has no desire to be put right. You have to catch yourself doing it before you can reform". (Seneca, *Epistles*, 32)

Enhancing one's ability or tendency to notice and pay attention to one's thoughts, also enables one to take a step back to make more conscious decisions, instead of acting impulsively in response to negative automatic thoughts. Greater awareness in this case leads to greater overall control. In this context the Stoics highlight the importance of patience and waiting, to enable oneself to evaluate things appropriately, instead of acting on unprocessed thoughts.

> "When you are struck by the impression of some [hedonistic or egotistical] pleasure, guard yourself, as with impressions generally, against being carried away by it; rather, let the matter await your leisure, and allow yourself a measure of delay. Then bring to mind both of these moments in time: that in which you will enjoy the pleasure, and that in which you will regret it and criticise yourself after you have enjoyed it; and set against these how you will rejoice and praise yourself if you abstain". (Epictetus, *Enchiridion*, 34)

Thought monitoring can facilitate therapeutic success as an independent technique or as an element of cognitive restructuring. Positive change can happen just by recognising and acknowledging unhelpful thoughts (McManus et. Al., 2012). Research has demonstrated that the frequency of certain thoughts can change just by noticing them. This is beneficial in itself but it also helps to maintain client motivation, since improvement can reinforce engagement (Korotitsch and Nelson-Gray, 1999)

An effective way for clients to have a more in-depth understanding of their negative automatic thoughts, is by linking these to relevant unhelpful thinking styles (Beck, 2020). Through a combination of psychoeducation and guided discovery, clients become aware of how unhelpful thinking styles are developed and maintained, how they function and of their impact on negative automatic thoughts. Then with the help of the therapist, clients are able to link their thoughts to the different categories. A client for example may notice the negative thought 'my colleague does not like me' when their morning greeting is not returned. This thought may then be linked to the unhelpful thinking style 'mind reading' or 'jumping to conclusions'. The task of thought monitoring combined with distortion monitoring prepare the ground for the more intensive task of validity checking.

Examination of thoughts. Once clients have started to habituate the identification, monitoring, and categorization of cognitions, the therapist will engage them in further exploration of them. This step aims at having a better understanding of one's thoughts in terms of accuracy and evaluation. It involves an attempt to promote a more accurate representation of reality and not necessarily a more positive one. Accordingly, as Robertson (2010) notes, *pathe* in Stoicism to be emotionally charged irrational judgements and as such they are susceptible to refutation and replacement (Robertson, 2010). All that is necessary is to acknowledge the misconception in them and to correct it so that they become rational, and

more representative of a true evaluation. This step is represented in the Stoic argument that one needs to identify contradictions or errors in one's beliefs before one can eliminate them:

> "Now every rational soul is naturally averse to contradiction: but so long as a person fails to understand that he is involved in a contradiction, there is nothing to prevent him from performing contradictory actions, but when he has come to understand it, he must necessarily renounce and avoid the contradiction, just as bitter necessity makes a man renounce what is false as soon as he perceives that it is false, though as long as he does not have that impression, he assents to it as true". (Epictetus, *Discourses*, 2.26, 1–3)

The importance of having accurate judgements or representations of external or internal experiences is paramount for action in accordance with nature and therefore happiness. For this reason, representations need to be evaluated for validity in the context of the Stoic value system. As Epictetus notes:

> "For, just as Socrates used to say that we are not to live an unexamined life, so neither are we to accept an unexamined impression, but to say, 'Stop, let me see what you are, and where you come from', just as the night-watch say, 'Show me your token.' Have you that token from nature, which every impression must have if it is to be accepted?" (Epictetus, *Discourses*, 3.12.15).

Stoic therapy thus entails correcting appearances which are interpretations of external experiences, perceived through the senses, or of internal experiences in the mind. Woollen (2003) notes that initially one has an impression of something, then, one interprets it. In the first stage one is aware of something and then one commits to an interpretation and in moving to the second stage, one automatically makes an evaluation about whether this is positive or negative. It is therefore important that one makes correct interpretations and is not biased by

preconceptions or other influential factors (like core beliefs or unhelpful thinking styles in CBT). “Nothing is so conducive to spiritual growth as this capacity for logical and accurate analysis of everything that happens to us” (Marcus Aurelius, *Meditations*, 3.11).

Robertson (2010) notes that to enable oneself to view things as they are, one Stoic technique is that of re-describing an event in an objective way, without the corresponding positive or negative evaluation so that one’s emotional response is mediated. According to Epictetus:

> “Does someone take his bath quickly? Do not say that he does it badly, but that he does it quickly. Does anyone drink a great quantity of wine? Do not say that he drinks badly, but that he drinks a great quantity. For, unless you understand the judgement from which he acts, how should you know that he is acting badly? And thus it will not come to pass that you receive convincing impressions of some things, but give your assent to different ones. (Epictetus, *Enchiridion*, 45)

And Marcus Aurelius notes that it is:

> “Like seeing roasted meat and other dishes in front of you and suddenly realising: This is a dead fish. A dead bird. A dead pig. Or that this noble vintage is grape juice . . . Or making love—something rubbing against your penis, a brief seizure, and a little cloudy liquid. Perceptions like that—latching onto things and piercing through them, so we see what they really are. That’s what we need to do all the time—all through our lives when things lay claim to our trust— to lay them bare and see how pointless they are, to strip away the legend that encrusts them. (Marcus Aurelius, *Meditations*, 6.13)

This prevents one from exaggerating the emotional significance of things and helps one to identify errors in one’s judgements. Analysis of thoughts and events is also a common

practice in CBT. Beck (1979) emphasizes the importance of not becoming too removed from reality, which is what one perceives through one's senses, because then it is easy to be carried away by one's imagination and assumptions. This emphasizes the significance of empirically testing one's judgements in CBT by looking at facts and evidence, without being influenced by one's pre-conceptions, expectations, and biases (Robertson, 2010, pp. 174-180).

Examination of one's thoughts is an interesting albeit difficult process due to the variety and complexity of relevant factors. One technique which provides a structured way to proceed is that of the anxiety equation. This is particularly helpful in cases of thoughts related to risk, which induce anxiety. According to the equation, anxiety=likelihood x severity /coping. This means that the threat perceived, or anxiety experienced depends on the likelihood that the feared event will occur, the severity of it if it does occur and the available resources to cope if it occurs. This indicates three key areas which can guide cognitive restructuring in general: 1) the likelihood or accuracy of thoughts, 2) the severity, or the evaluation of significance of thoughts, 3) coping which involves one's ability to overcome the situation. In other words, is the thought accurate and if it is, does it matter?

It is important that beliefs are checked for validity before an attempt is made to change them. According to Beck, a solid database needs to be established by the client to solidify learning of the process, otherwise the client will end up making the same errors in other cases, or returning to the negative thoughts again. First the unhelpful thought is weakened, then when clients are convinced that it is not realistic, they will be more able to consider alternatives. An example of this is a depressed female student who thinks that she will not get into university because her grades are terrible. When analysing factual data, it turned out that her grades were above average, however she would not have noticed this without the guidance of the therapist's questions (Beck, 1979, pp. 150-166)

The process of collaborative empiricism is important for the examination of thoughts. According to this, therapist and client work together to identify ways of testing thoughts out empirically. This can take place though guided discovery or through behavioural experiments, designed to test thoughts as if they were hypotheses to be confirmed or disconfirmed. For example, a depressed man might think that people do not talk to him because he is boring. It might be decided that next time the man is at dinner with company, he will pay attention to certain things that will reveal whether this is the case (Tee, and Kazantzis, 2011). Careful analysis and operationalization of thoughts and concepts is required and a decision about what counts as relevant data and evidence.

Regarding some thoughts, alongside the exploration of the likelihood of them, it is helpful to put things into perspective by considering the severity of them. In certain cases, thoughts may be accurate but they are unhelpful because of the significance one attributes to them. In a relevant example a client thinks that their manager does not like them. Following a rational exploration of empirical data available, it may be concluded that this thought is accurate. This could lead to problem solving, however in terms of cognitive restructuring, questions could then explore how important this is and whether or not the client can cope with the consequences of their manager not liking them.

As mentioned, the Stoics believed that to use appearances properly one needs to have a correct truth criterion of them and a correct value criterion of them. If one were to apply the Stoic system of evaluating the severity of situations strictly, then the only things worthy of positive and negative evaluation would be things within one's sphere of control. In this case any fluctuation in severity will relate to how far one's thoughts and actions were from reason and virtue (one's nature). When assessing the value of external situations and events, one would consider them all 'indifferent' since the Stoics do not believe that they can produce happiness or detract from it. In this case it is incorrect to consider the illness of a friend as bad, just as it

is to consider the recovery of a friend good. They maintain that it is easier to accept things without becoming severely distressed and to avoid unhelpful cycles maintaining emotional difficulties.

Putting things into perspective in CBT and Stoicism facilitates having a helpful mindset or the right attitude towards things. In relation to this Robertson (2010) discusses the "reserve clause" in Stoicism. This reminds people in a practical everyday way of the differentiation between what is in one's control and what is not. According to the reserve clause, when one expresses an intention or action, one should complement this by stating something like "nature permitting" or "if nothing prevents me", reminding one to accept things if they do not go as planned (Robertson, 2010, p. 88). He quotes Seneca as saying that:

> The wise man considers both sides: he knows how great is the power of errors, how uncertain human affairs are, how many obstacles there are to the success of plans. Without committing himself, he awaits the doubtful and capricious issue of events, and weighs certainty of purpose against uncertainty of result. Here also, however, he is protected by that reserve clause, without which he decides upon nothing, and begins nothing (Seneca, *Dialogues and Essays*, book 4, 1, 34)

If one can successfully use the reserve clause in all cases then nothing will happen contrary to one's expectations, since one would foresee that something may intervene preventing the actualization of one's plans. Therefore, if any distress is caused by failure, it will be a lot less than that experienced by someone who was certain of success (Hadot, 1998, p. 205). This highlights the fact that one is expected to try one's best to succeed, but at the same time one accepts that the final result is not in one's control:

> "Remember that your intention was always to act "with a reserve clause", for you did not desire the impossible. What, then, did you desire? Nothing other than to

> have such an intention; and *that* you have achieved. (Marcus Aurelius, *Meditations*, 6.5)

Robertson points out that the reserve clause is particularly relevant to Ellis' irrational demands, which he considers to be the source of a lot of emotional distress. Must and should statements in CBT represent one's irrational beliefs about succeeding at things and about what others should do, and if things do not happen as they 'should' then one feels distressed. In the context of the Stoic reserve clause, over-demanding irrational thoughts would be replaced by thoughts stating that one will try, but one will accept failure and will not hold it against oneself or others.

The reserve clause is linked to one increasing one's acceptance of things beyond one's control. Sahakian (1969) notes that according to Stoic psychology, if one cannot change something, one should accept it or process it as if it was indifferent and insignificant. If alternatively, one tries in vain to alter the situation, one will only end up increasing one's tension and distress, leading to emotional despair. In other words when one cannot resolve a negative situation, one needs to change one's attitude towards it. In many cases the emotional distress which derives from one trying to fight unsolvable problems, is what causes larger issues. Not only does one experience emotional strain from the effort put in, but also when one is in this condition, everything else happening in one's life will trigger further stress and anxiety and positive events may be ignored or overseen. When one's symptoms cannot be cured, the additionally imposed distress should be targeted by changing one's attitude. He quotes Seneca in saying: "Everything depends on one's opinion… We suffer according to our opinion. One is as miserable as one believes oneself to be" (Seneca, *Epistles*, 78, 13). This position is also clearly supported in CBT. When techniques like problem solving or altering one's behaviours are not enough, then techniques like stopping rumination or cognitive restructuring can help to prevent unnecessary distress.

Woollen (2003) recommends what Stoic therapy could look like. He names it rational restructuring and it is founded in the Stoic concept that reason is the defining trait which differentiates humans from animals, and which is the standard by which appearances should be evaluated and according to which one should behave and think. He describes a two-step approach corresponding to "1) the improper selection/rejection due to a faulty value system and 2) improper selection/rejection due to the passions." (Woollen, p. 36). In the first step, the education phase of rational restructuring, which aims at value restructuring, one learns how to make appropriate use of appearances, by obtaining guidance in one's locus of control, in other words one is instructed in regards to internal vs external things. One also learns about the Stoic value system. In the second step, the application phase, which aims at cognitive and behavioural restructuring, one learns how to change one's cognitive and behavioural habits and tendencies. Accordingly, the next step of cognitive restructuring in CBT, following the examination of one's thoughts is to modify or replace them with more adaptive alternatives.

2.3.1. Correction of cognitions in Stoicism and CBT

Following the examination of the validity of thoughts and evaluations, cognitive restructuring involves the identification of alternative thoughts to replace the erroneous ones. The general idea is that there is always a more adaptive way of thinking about something. Even if negative perceptions turn out to be true, one can alter one's attitude towards the significance of them. In the case previously mentioned of the student who thought she would not get into university, if it turned out that the empirical data supports her prediction, then client and therapist would move on to explore what this means for the student. It might be the case that she thinks that if she does not get into university then she is stupid, or she will never be happy, or that she will disappoint her family.

Each one of these thoughts can be reality checked to see if it is reasonable. In the case that some or all of these self-defeating thoughts are correct, then they will collaboratively explore why she considers these to be significant. It is important to replace these automatic negative thoughts because they are maintaining psychological distress, but also because they are preventing the person from focusing and dealing with reality-based problems which can be resolved (Beck, 1979, pp. 150-166). Some techniques which are helpful at this stage include reattribution, considering the worst-case scenario, drawing positives out of negatives, and noticing double standards.

One technique which facilitates clients' representation of reality is called 'reattribution'. In some cases, clients unrealistically attribute responsibility for events to others or to themselves without them having full control of the situation. The therapist and client will attempt to make a more reasonable attribution of responsibility by identifying various factors which might contribute to an adverse event. By thinking in this more realistic way, the client will be less burdened with self-blame but also solutions can be found to lessen the likelihood of the adverse situation happening again (Beck, 1979, pp. 150-166). This resembles the Stoic theory of one's sphere of control which promotes accurate attribution of responsibility to things within and beyond oneself.

According to the worse-case scenario method, if one is finding it difficult to make foundational changes in one's value system, the Stoics recommend assuming the worst and then whatever happens will be positive. This technique is also used frequently in CBT and it entails imagining the worst-case scenario and then considering how bad it would actually be and how one would cope (Newman, Zainal, and Hoyer, 2020). Thus, one will always be prepared for the worse. If things end up badly, then this will just confirm one's expectations and when things end up more positive this will be a pleasant surprise.

Another practice which is recommended by the Stoics and used in cognitive restructuring in CBT is trying to draw positives out of negative situations. One typical example is accepting difficulties as a challenge or an opportunity to succeed and prove one's worth to oneself. Alternatively, one may view adverse situations as providing opportunity to improve, to develop skills and to enhance one's resilience. Seneca quotes Dimitrius in saying that "nothing seems to me more unhappy than the man who has no experience of adversity". And Seneca adds "for he has not been allowed to put himself to the test" (Seneca, *Epistles*, 3.3). In fact, Seneca also believes that the greatest danger comes from excessive good fortune, since having too easy a life will prevent one from improving oneself and it will make one weak and lazy. If one is able to form one's attitude in accordance with these types of thoughts, then distress provoking experiences will be reduced significantly, because they will not be perceived as such.

Robertson (2010) also identifies similarities between CBT and Stoicism in relation to the *double standards* factor in cognitive restructuring. According to this, clients often have one set of rules and standards for themselves and a different one for others. In this case one type of question that is asked in cognitive restructuring is what clients would think if someone else was in their place. Clients may be asked things like do they demand the same of others, or would they mind if someone else did something, or what would they advise a friend in a similar situation.

Accordingly, the Stoics believed that one way to facilitate appropriate thought and action is to consider how one would judge other people's misfortunes. In a relevant example, Epictetus notes that when someone else suffers a misfortune, it is easier to take it lightly and say that "It's a tragedy but these things happen in life" (Epictetus, *Enchiridion*, 26). Also in the discourses, Epictetus is talking to a government official who, feeling extremely distressed about his daughter's illness, could not sit by her and instead ran away. Through Socratic type

questioning, Epictetus (*Discourses*, 1.11.21–24) guides the official to the realization that he would not accept it if other people acted in the same way, revealing thus a contradiction related to the 'double standard' in CBT (Robertson, 2010, p. 188). There are many such examples of similar techniques and methods of modifying cognitions in Stoicism and CBT, however, as I have mentioned, I only intend to present some interesting ones to demonstrate that in terms of cognitions and therapy Stoicism is comparable to CBT. For this reason, I shall mention one last area of similarities which is integral to cognitive restructuring, that of habituation, before moving on to the less researched area of core beliefs.

Habituation. It is important in Stoicism and CBT, that cognitive restructuring is generalised to other thoughts and areas of client's lives and that it is habituated. For long term change, it is not enough that clients are aware of the process, of why it is important, and of how to apply it; they also need to practice it consistently until it becomes a habit. For this reason, practicing it for one hour a week with a therapist is not sufficient. This indicates the importance of hometasks and practicing cognitive restructuring in between sessions. It also emphasizes that clients need to continue to apply the techniques independently following completion of therapy.

In Stoic psychotherapy, as in CBT there is an emphasis on developing habits, maintaining them and changing current undesirable ones. Stoics believe that one trains one's mind so that appropriate use of appearances is automatic. As Seneca notes:

> "The patient must not simply remain a patient, dependent and receptive; she must become her own doctor. Philosophy's medical function is understood as, above all, that of toning up the soul - developing its muscles, assisting it to use its own capabilities more effectively" (Seneca, *Epistles*, 15).

One may want to live in accordance with the Stoic value system, but it is not easy to discard years of incorrect thinking patterns. It is an endeavour which takes a lifetime. The easiest way to properly assimilate it and act consistently in accordance with nature in all circumstances is by habituating doing so. Thus, the Stoics considered habit as the means to achieve happiness. As Epictetus mentions:

> "In general, then, if you want to do something, make it a habit; and if you want not to do something, abstain from doing it, and acquire the habit of doing something else in its place. This is also the case when it comes to things of the mind. Whenever you get angry, be assured that this is not only a present evil, but that you have strengthened the habit, and add fuel to the fire… For habits and faculties must necessarily be affected by the corresponding actions, and become implanted if they were not present previously, or be intensified and strengthened if they were". (Epictetus, D*iscourses*, 2.18.1-11)

Robertson points out the analogy used by Epictetus and other Stoics describing philosophy as being a mental exercise just as gymnastic training is a physical one. Stoics mention acquiring mental 'tone' though spiritual exercises, like athletes tone their muscles. Similarly in CBT, Ellis (Ellis and MacLaren, 2005, p. 130) also uses this analogy by telling clients to continuously repeat the identification and disputation of irrational beliefs, until they develop intellectual and emotional muscles. The analogy of the gym and the therapist as being a coach is also popular in CBT. According to this if one only attends one's coaching sessions and does not complete the exercises and follow the diet independently, then one will not reach one's training goals. This highlights the importance of practicing to develop the difficult and effortful techniques of thought restructuring. In relation to this Epictetus states:

> "So I am your trainer and you are being trained in my school. And my project is this—to make you unimpeded, unrestricted, free, contented, happy and looking to God in everything great and small (i.e., always keeping your eye on the bigger picture). And you are here to learn and to practise this…Why then don't you finish the job if you have the right intention?….Wealth isn't up to us, nor is health or reputation or anything at all except the correct use of impressions. This alone is naturally unhindered and unimpeded. So why don't you finish the work?... Do you want us to begin, here and now, to execute this project? Let's say goodbye to the past. Let's simply begin, and trust me, you will see" (Epictetus, *Discourses*, 2.19.29–34).

Habituation is therefore important in Stoicism and CBT, and there are also similarities in ways of promoting it. One such technique, which Robertson (2010) discusses, is the Stoic recommendation and tendency to condense ideas into small, simple and memorable aphorisms or words. This helps one to internalize them so that they are easily accessible which enables one to use them effectively. The Stoics recommend internalizing the concepts so that they are activated with minimum or no effort in stressful situations, when effective cognitive functioning is often difficult.

Similar attempts take place in psychotherapy, for example in cases of autosuggestion (Roberton, p.53). CBT uses this technique in an equivalent way. Words, aphorisms, or quotes are identified or offered to clients, who choose which one (or more) they find more helpful when they are struggling. Examples of these include sentences like 'I am stronger than I think', or 'I have been through this before'. Clients have these as their coping statements to think about when distressed. CBT also recommends identifying words to think about during mindful meditation which facilitate peaceful emotions like 'peace', 'calm'. Similarly, to facilitate

independent cognitive restructuring, some therapists provide a list of questions for the client to go through.

Especially in cases of severe mental illness, it can be very difficult for clients to analyse, process and evaluate their own judgements. This could be due to factors such as over-thinking, rumination, or difficulty concentrating (Stevents et al., 1999). In these cases, it might be beneficial for clients to engage in mindfulness activities, a method also recommended in Stoicism, however in general if clients have habituated the process of cognitive restructuring, it will be easier for them to overcome difficult situations. This further highlights the importance of habituating the process so that it is easily applicable in all circumstances, "so that even in dreams or drunkenness or melancholy, no untested impression may catch us off guard" (Epictetus, *Discourses*, 2.2.5)

In conclusion, various elements of cognitive restructuring including specific techniques and methods are also identified in Stoicism. In both approaches these techniques promote rationality, self-control, responsibility and they result in the modification of one's cognitions and therefore emotions. Increasing awareness of one's thoughts via thought monitoring and recording is one common practice. Preventing impulsivity by taking a step back, being patient and paying attention is an important practice in both approaches. The careful analysis and examination of one's thoughts is another integral part of CBT and Stoicism and in both cases one tries to promote a more accurate representation of reality.

Once one has enhanced one's awareness of one's thoughts, CBT and Stoicism recommend that these be re-evaluated in terms of validity and significance. This involves putting things into perspective. The reserve clause is used in both approaches to promote the right attitude towards things and to accept that things will not always go according to plan. Correcting one's thoughts is the next common step in cognitive restructuring. This includes

methods like reattribution of responsibility, considering the worst-case scenario, deriving positive from negative situations and being aware of double standards. Finally in both approaches, the habituation of these techniques is integral to improvement and maintenance.

These points of congruence are straight forward with evidence supporting them in the literature. An area which is not as straight forward and is less researched and therefore potentially more interesting, is that of core beliefs in CBT and Stoicism. Despite core beliefs being an influential factor in the development of psychological distress in CBT, they do not receive proportionate attention in the literature comparing CBT with Stoicism. This is important because one could argue that this gap in the literature implies that an important element of CBT is not comparable to Stoic theory which is not the case. For this reason, I shall now dedicate a section to core beliefs and equivalent notions in the Stoic philosophical theory.

2.4. Core beliefs in CBT

Core beliefs in CBT are considered central beliefs, involving attitudes, which impact on the way one views oneself, the world, and the future. These beliefs are considered deeply rooted and therefore one generally is not aware of them unless one engages in relevant therapy. Their development begins in early childhood (Gilbert, 2002), based on genetic, biological factors which are innate and on environmental factors including one's experiences and upbringing (Smoller, 2016). The adaptive purpose of core beliefs is to fast-track decision making, this however often entails ignoring specific details of situations and contradictory evidence. Having a similar function to biases, at times they have similar negative consequences.

To consider an example of the adaptive benefit of a generalization which is analogous to that of core beliefs, if a caveman sees a big bush moving and this turns out to be a lion, it

will be adaptive if from then on, each time the caveman sees a big bush moving, he automatically runs away. In other words, it would be beneficial for him to develop a generalised underlying belief that moving bushes are threatening. This is helpful because in cases where there is a lion behind the moving bush, the caveman is less likely to get caught, because he will not waste time thinking about what else might be behind it. This is analogous to modern core beliefs, because if, for example, one has experienced a few negative encounters with people, developing a generalised belief that other people are threatening, will help one to prepare and respond faster in situations involving threatening others. Fast track threat identification is achieved via unhelpful thinking styles or cognitive distortions like jumping to conclusions, mental filtering and catastrophising (Beck, 2020). These have a biasing influence on attention, perception, interpretation, memory, and predictions, which in turn impact on one's emotions, behaviours, interactions, and character (James, Southam and Blackburn, 2004).

The exact nature and role of core beliefs is not clear in the literature. Therefore, before proceeding to the exploration of core beliefs in Stoicism it will be beneficial to attempt a deeper understanding of them. For this purpose, I analyse the nature and function of beliefs in general and then I dedicate a section to the biological basis and evolutionary foundation of features involved in the formation of core beliefs. Following this I discuss core beliefs in CBT, which includes their role in the development of mental illness and their involvement in therapy. From now on, when using the term 'core beliefs' I am referring to those as they are understood from the perspective of CBT. When talking about other beliefs I will use the term 'general beliefs'

2.4.1. Conceptual analysis of a belief and a core belief.

It is worth bearing in mind from the start that beliefs are not always conscious and articulated, in fact quite often if one is not asked to specifically pay attention to or express a belief, one is not actively aware of it. In analytical philosophy a belief is described as a

propositional attitude. Being in part a proposition, it has the form of a sentence, and it expresses a particular meaning. However, it also involves a mental appraisal about whether the proposition is valid, making it an attitude. In other words, beliefs have represented content which is assumed to be true (Schwitzgebel, 2010). Since one considers this content to be true, one then can use this to evaluate one's environment, comprehend new information, and develop a collective meaning of the world (Halligan, 2007), which in turn will have an impact on one's emotional and behavioural responses (Connors and Halligan, 2015).

This context provides a framework for understanding the nature of core beliefs in CBT. The content which is represented in core beliefs relates to oneself, one's world (including other people) and one's future. It is assumed to be true and therefore involves a validity appraisal. In most cases core beliefs are not conscious or articulated, however one derives their existence from their cognitive, emotional, and behavioural impact. In other words, they can be understood as an attitude since one responds to situations 'as if' one believed something. For example, one negative core belief often identified in cases of depression is the belief 'I am worthless' which one assumes to be true (in an analogous way one believes that one's life depends on oxygen). Even if not conscious or articulated, this belief influences one's understanding of oneself which impacts on the way one perceives one's environment, and therefore on the way one feels and responds. Without attending therapy, one may never become consciously aware of this belief, or ever verbalise it, or think it in the form of a general belief. One's experiences however will be interpreted as if one believed it.

General beliefs vary in terms of several characteristics. These include their origins (Langdon, 2013), the amount of evidence required for their adoption (Lamont, 2007), level of awareness (Young et al. 2003), degree of personal reference, scope of content (Freeman, 2007), level of conviction or confidence (Peters et al., 2004), resistance to change, their impact on cognition, emotion, and behaviour (Bortolotti, 2013), level of general acceptance and more.

They also vary in terms of the components which led to their development. Factors contributing to general beliefs are social, genetic, biological, psychological etc, and the contribution of these may differ between beliefs. They may be influenced to different extents by factors like cognitive biases, emotions, pre-existing beliefs, theory of mind, etc. (Connors and Halligan, 2015).

As any belief, apart from differing in content, CBT core beliefs may differ between one other and from general beliefs in terms of these factors. To further understand this, one can imagine two people whose core beliefs about themselves are similar in content, however they differ regarding many other characteristics. Taking the example of a core belief 'I am worthless', which is shared by Peter and Jane:

1. Peter has a genetic predisposition to depression which makes him notice and remember negative information more readily than people who do not have one. This means that fewer negative experiences are required for him to develop the core belief. He is unaware of the belief; however, it extends to all areas of his life making it pervasive, intense, stable and difficult to modify. It has a severe impact on his emotions making him feel low, and it results in him withdrawing and isolating a lot. Thus, his core belief 'I am worthless' results in re-occurring severe depression.
2. In the case of Jane, who was not genetically predisposed to depression, a larger number of adverse experiences were necessary for the formation of her core belief. Growing up, she also developed alternative positive core beliefs and she believes that she is competent at her job. This means that her core belief is less pervasive and easier to modify, especially when she is not experiencing an episode of depression. The emotional and behavioural impact of her core belief is not as severe, and she has only experienced one episode of severe depression.

Another helpful way to understand the nature of general beliefs is to note the way in which they differ from other cognitive elements. For example, they are unlike: 1) memory since they can relate to present and future experiences; 2) knowledge because they are associated with conviction involving a self-referential element which may not be relevant to knowledge (Connors and Halligan, 2015); 3) other attitudes since it is not a requirement that general beliefs have an evaluative aspect (Eagly and Chaiken, 1993). However, all of these elements are tightly linked and often overlap. For example, specific beliefs may constitute the foundation for attitudes, when a belief that something has a feature is combined with a belief that this feature should be appraised (Kruglanski and Stoebe, 2005).

Core beliefs similarly are different but also overlap with other aspects of cognition. They do not represent specific memories, although they developed based on previous experiences. They are linked to present and future experiences, both because one's experiences continue to impact on core beliefs, (strengthening or weakening them), and because they contribute to the formation of one's experiences. For example, the belief that one is worthless forms an essential part of one's understanding of present and future events. It is considered valid however it lacks the objectivity of knowledge, and it includes an attitude forming evaluation that this feature is negative.

Even more important than understanding the nature and characteristics of general and core beliefs, is grasping the function of them. Exploring the function of general beliefs will help further one's understanding of the role of core beliefs in mental health difficulties. Connors and Halligan (2015) enumerate some of the key functions of general beliefs which highlight aspects of core beliefs:

1) "They provide a consistent and coherent representation of a subject's world and the subject's place within it" (Connors and Halligan, 2015, p. 3). This enables one to predict and avoid possible dangers and threats, to identify and pursue specific goals and to behave in a

responsive way to one's environment. In terms of core beliefs, if one's consistent and coherent representation of the world is that it is threatening, then one will be more focused on potential dangers which will be magnified, and this will have an impact on how one responds to situations.

2) "Beliefs provide an explanatory framework for interpreting the world and processing incoming information" (Connors and Halligan, 2015, p. 3). When one has developed a framework, any information which is inconsistent, is integrated and reconciled with that framework. This integration sometimes involves the adaptation and development of representations. It is important because it enables one to surpass the processing of the vast amount of immediate sensory information one is exposed to, so that one can respond more effectively to one's environment. This is generally an adaptive and useful process, however in the case of negative core beliefs (about the self, the world, and the future) this often leads to unhelpful thinking styles and maladaptive emotional and behavioural responses. For example, if one has developed a framework based on the core belief that 'other people are threatening', then when people are helpful, one will need to reconcile this inconsistent information. One may do this by adopting the belief that these people have an ulterior motive. This will result in one responding 'effectively' by avoiding other people, since one is unsure of their motives.

3) "The explanatory framework of beliefs helps to configure and calibrate lower-level modular cognitive systems, such as perception, language, memory and attention. Beliefs provide the interpretive 'lens' that shape our experience of the world" (Connors and Halligan, 2015, p. 3). This implies that general beliefs are not only a product of cognitive processes, but they influence cognition and construct reality by integrating information and giving it meaning based on expectations and previously existing beliefs. Beliefs influence our perception of our environment and this filter of interpretation is the basis or framework for understanding, structuring and uniting sensory experience in a meaningful way (Gregory, 2015). There are

multiple examples of how core beliefs achieve this, some of which are represented by Beck's (1979) unhelpful thinking styles or cognitive distortions.

4) "In addition to allowing subjects to navigate social relationships and interpret other people's motivations, beliefs provide a sense of community and security. Shared beliefs help define group norms and values." (Connors and Halligan, 2015, p. 3) This implies that for a comprehensive understanding of beliefs, one needs to examine them in their wider social context. Core beliefs about oneself, the world, others and the future have an impact on the way one engages in social interactions, how one relates to norms and the development of one's values. On the other hand, group beliefs, norms and values impact on one's core beliefs in various ways. For example, social convention may contribute to the belief that worth is based on beauty, and if one is not successful in this area, this could contribute to a core belief 'I am worthless'.

Regarding the process of belief formation, Connors and Halligan (2015) support that one can split it up into specific stages: 1) the precursor is a trigger which activates the belief formation process and it could be ambiguous perceptual input, or a stimulus which is unusual because it does not agree with pre-existing beliefs, it could also be related to oneself or be emotionally salient (Fletcher and Frith, 2009). It does not have to derive from sensory experience, instead it may be a result of other beliefs one holds or from unconscious introspection (Sperber, 1997). In the case of negative core belief formation one can contemplate perceptual input which could have multiple explanations, each of which could contribute to a different core belief. An example could be Peter's father not showing up to his ball game. This is an ambiguous situation which could lead to different interpretations about the meaning of it.

2) The next stage involves searching for meaning, which includes explaining the precursor and integrating it in the framework of pre-existing beliefs. This stage results in specific possible explanations, and it is influenced by the avoidance of cognitive

inconsistencies. This stage is probably automatic and compulsory, aimed at addressing uncertainty. It makes sense that biases and idiosyncrasies would occur at this stage, since meanings are based on pre-existing beliefs. Biases may also arise between certain types of associations, which could be genetically determined for example phobias (Connors and Halligan, 2015). More cognitive effort is required when processing inconsistent information (Langdon and Bayne, 2021), and often emotions have a contributing influence for example by attracting explanations which provide or maintain comfort (Connors and Halligan, 2015). Peter will consider alternatives; however, he is likely to be biased in his final judgement about the meaning of his father not showing up.

3) In the third stage various explanations of the precursors are evaluated. These will be judged based on the extent to which they agree with other beliefs and by how satisfactory they are in relation to the observed information (McKay, 2012); however, judgements will also be influenced by one's emotions. At this stage biases will enable less cognitive effort to be expended, therefore consistent explanations will be preferred, or information may be distorted to fit initial judgements (Connors and Halligan, 2015). In Peter's case, he has already inferred that he is worthless because he is frequently being told off by both his parents who do not have much patience when he makes mistakes or does not follow instructions the first time. He may not articulate the thought 'I am worthless'; however, it is lying latent at the back of his mind, influencing the meaning he attributes to his experiences.

4) Following this evaluation, one reaches the stage of accepting or holding the belief. Acceptance may happen without one being aware of it. Throughout the stages, one is likely to be unaware of the unconscious process unless specifically reflecting on it (Halligan and Oakley, 2000). The conviction of the held belief depends on how congruent the new belief is with other pre-existing ones and how well it explains one's experience of reality and enables one to make predictions (Connors and Halligan, 2015). Because the belief Peter has

unconsciously committed to, is in congruence with previous beliefs and experiences, he is likely to be strongly convinced about it.

5) Connors and Halligan, (2015) include an additional stage which relates to the consequences of holding the formed belief, which also continues to impact on its formation for example by reinforcing it. Newly formed beliefs influence one's perception and bias the acceptability of future ones. They will also influence memory by promoting the encoding and retrieval of memories that are consistent with their content, or by distorting memories so that they in agreement (cognitive and emotional) (Schacter et al., 2011). Memories thus reinforce adopted beliefs. In addition to this, people may commit to beliefs by sharing them in public and this commitment may further impact on strengthening and reinforcing the beliefs. Peter has already started to form biases in his memory, perception and attention which tend to strengthen his conviction that he is worthless. The current experience of his father not attending the event adds to this framework which will impact on memories and future interpretations.

This presentation of the nature, function and formation process of beliefs has hopefully facilitated one's understanding of the nature and role of core beliefs in CBT.

2.4.2. Core beliefs in mental illness

Core beliefs are considered by cognitive behavioural therapists to be at the root of thought processes and consequently emotions and behaviours and therefore they have a central role in the development of mental illness. As mentioned in the previous section, they are deeply rooted beliefs about oneself, the world and the future which one is usually not aware of, but they can be implied by the impact they have. Beck (1990) describes them as cognitive structures, which form an essential part of information processing, which guide thought and behaviour even if they are never thought of in the form of a proposition or a typical expressed belief like 'I believe that apples are healthy'.

An in depth analysis of the role of neurobiological features in the development and maintenance of core beliefs is beyond the scope of this paper and unnecessary, however a brief description of the role of how the interaction of genes and environment can result in mental illness and core beliefs will further one's understanding of them and it will facilitate the identification of links between core beliefs in CBT and Stoicism.

From the perspective of CBT there are two main types of factors which interactively contribute to the development of core beliefs (Gilbert, 2002). On the one hand there are the biological factors which are innate. On the other hand, there are environmental factors which relate to our experiences and upbringing (Smoller, 2016; Uher and Zwicker, 2017). Core beliefs may be positive or negative and they impact on the way we think, feel and act and therefore on our personalities and interactions with others.

This idea is further explained in the 'diathesis-stress' hypothesis of mental illness, which supports that genetic factors, and the environment, independently and interactively, increase the likelihood of the occurrence of psychopathology (Monroe and Simmons, 1991; Kendler, Myers, and Prescott, 2002). A disorder will present itself when a certain threshold is crossed. The term diathesis includes all of the genetic (and perhaps perinatal) components whereas the stress represents the adverse circumstances that one experiences as a result of environmental factors (Zuckerman, 1999). "Each approach within the CBT tradition is similar by virtue of the fact that there is a theoretical agreement that cognitive variables mediate the impact of stressful events on the development of cognitive, emotional and behavioural distress (a diathesis-stress model)" (Hyland and Boduszek, 2012, p 105).

In the context of mental health the genetic predisposition includes evolutionary based traits which are involved in the development of core beliefs related to the fight or flight response. This is a biologically based mechanism which prepares the body to respond when

one is in danger (Baumeister, Lightman, and Pariante, 2014). When a being perceives something as threatening, changes take place in its body which help prepare it to run or to fight. These changes are experienced by one as sensations of anxiety and panic. Some of these relate to the secretion of adrenaline and the faster circulation of blood ensuring higher levels of oxygen are received by areas of the body needed to fight or flight like one's muscles. Typical sensations felt include dry mouth, hyperventilation, heart racing, cold extremities, chest pain, hot flushes, sweating, dizziness etc. These are automated and therefore we do not have control over them, however we do have control over how long the fight or flight continues to be activated which would depend on one's perception of danger. If one perceives the threat to have passed, then the fight or flight will be deactivated. In nature if an animal's or human's fight or flight response is overly sensitive then they are more likely to be able to escape danger, since they will be the first to react and respond quickly. This makes having a reactive fight or flight response adaptive and therefore it is passed on to the next generation and species.

The adaptive benefit of having an overreactive fight or flight response is straightforward, however the adaptive benefit of automated mechanisms resulting in depression needs further exploration. Observations of similar depressive reactions and symptoms in other species, for example primates, dogs and rats, reinforce the evolutionary origin of depression (Machado et al., 2009). One theory related to the adaptive potential of depression supports that it attracts the attention and therefore support of others. Another theory points towards the protective value that depressive type symptoms can have when after experiencing defeat in a competitive struggle, for example the individual takes a submissive stance which makes the individual less of a target for further attacks (Sloman,and Gilbert, 2000).

This perspective is further supported by the type of experiences which trigger it, for example loss of significant other or status in group. Some of our innate biologically determined

needs are linked to human relationships for example support from others, the development of bonds, basic nutritional needs, nurturance. If one perceives that one has lost an important investment or resource, then one would compensate for this loss by conserving energy and therefore by restricting one's activities. In other words, if one is expecting a decrease in resources then a biologically determined and enforced conservation of energy would be adaptive. This would explain numerous symptoms of depression including social withdrawal, loss of interest in activities, de-motivation, sleep and eating disturbances and more (Beck and Bredemeier, 2016).

Reversing the depression program will result from a restoration of resources, either through problem solving or changes in one's circumstances. Also, evolutionary responses like this can be reversed due to changes in interpretation, eg. through cognitive restructuring and behavioural flexibility (exposure to corrective experiences). Social support facilitates this process and further rejection or criticism can maintain it. It is worth noting that a perceived loss of a vital investment is necessary for the activation of the depressogenic mechanism. Therefore, these evolutionary based processes or strategies depend on the cognitive appraisal of the situation. If one's cognitive appraisal is that there is a multitude of available resources, then these processes will change (Beck and Bredemeier, 2016). This highlights the importance of cognitive appraisal which can activate or de-activate, maintain or eliminate responses and mechanisms which are evolutionary based and which we share with other species.

One example of how cognitive economy could lead to biases which are initially positive but can turn negative if not careful relates to self-criticism. This has an adaptive purpose since self-criticism can facilitate learning which will impact on future behaviour, making it more likely that one will act in a favourable way. However, when one's self-criticism is magnified and dysfunctional it can lead to mental illness. In this case it can overtake one's cognitive processes, presenting as guilt and rumination about previous errors. When this is combined

with negative beliefs about others, then one's expectations for negative outcomes increase, and they decrease for positive outcomes. This makes one disengage from previously enjoyable interests and relationships which perpetuates low mood.

In general, the three aspects of personality (cognitive, behavioural/motivational and emotional) are developed to achieve goals which are determined by evolution. The cognitive system coordinates the other systems, and it is necessary for perception, interpretation, synthesis and the evaluation of information. The behavioural component helps one to act in ways that satisfy one's needs and the emotional provides positive and negative reinforcement in relation to basic cravings and urges (Beck and Bredemeier, 2016).

What is less known is how these neurobiological systems interact with environmental factors to result in the development of beliefs and in particular core beliefs which impact on the way one interprets reality. In general, oversensitive biological reactivity to stress may lead to increased emotional instability which enhances biased learning. In this way genetic or environmental factors result in increased negative memories and resulting negative evaluations of oneself, and one's future, forming the negative triad. These beliefs and negative attitudes form significant learned patterns of interpreting and evaluating experiences. Research indicates that functional responses to stressors are undermined when one has experienced early traumatic events and or due to genetic factors. Examples of these which have been shown to result in susceptibility for depression include early parental loss (Slavic, Monroe and Gotlib, 2011), abuse (Gibb, Butler and Beck, 2003), high levels of negative emotional interactions with parents (Schwartz et al. 2014) and more.

To return to the example of Oliver used previously, based on Gilbert's presentation (2002), Oliver was born with an innate mechanism of self-preservation involving him taking an inhibited and submissive defensive stance in the presence of threat. This strategy is typical

of certain species like foxes and rabbits, and it is adaptive, since the organism does not draw attention and does not exhibit confidence, which might be perceived as threatening. Each time his father was emotionally abusive, this mechanism was activated, and Oliver would feel anxious, would act quiet and timid, and would avoid him.

Through repeated activation of this physiological defence mechanism, *states* became *traits* (Perry, Pollard, Blakley, Baker and Vigilante, 1995). As Oliver becomes older and more self-aware, he notices that he tends to be submissive and timid in situations involving even insignificant conflict or adversity. This makes him think directly or indirectly that he is weak, and that others are threatening. Repetition of these thoughts resulted in the corresponding core belief 'others are threatening'. This core belief has formed an attitude towards other people which influences Oliver's thoughts, feelings, and behaviours.

This is in line with the stress-diathesis model (Zuckerman, 1999) which is best understood in terms of a metaphor. One is born with a certain size bucket (genetic diathesis or predisposition) and each time one perceives an experience as negative (stress), one puts a spade of sand into the bucket (gene-environment interaction). Additionally, every time one perceives an experience as positive, one removes some sand. The bucket size reflects factors such as resilience and an increased tendency to perceive threat, which also suggests the role of interpretation in the formation of core beliefs. Moreover, the more one interprets events as negative, the stronger that tendency becomes. When the bucket is full, a maladaptive core belief is formed and activated, resulting in mental health difficulties.

Core beliefs and Schemas. Following this clarification of the relationship between neurobiological features based on genes and core beliefs, it would be helpful to clarify the relationship between 'core beliefs' and 'schemas'. Although the terms are different in important ways, some researchers neglect these differences and therefore the terms are often used interchangeably in the literature. Specifically, core beliefs are subcomponents of schemas.

One can consider schemas to be organised representations of one's prior experiences. They are types of memories, which consist of various informational sub-units. These components are stored together in the long-term memory and are reactivated collectively as part of automated patterns of activation. These may contain features of a specific experience which are related to cognitive elements and physical sensations like smell, sounds etc.. The unity of these features facilitates information processing since by activating any part of the template, the memory will trigger a response to a given situation. In other words, less mental processing is needed so that one can make quicker interpretations and predictions. Thus, by influencing the encoding, interpretation and retrieval of new experiences, schemas enhance one's efficiency in terms of actions, thoughts and speech. In this context, it seems that schemas are generally helpful, however the inflexible, automated response patterns which include thoughts, actions and feelings, are at times dysfunctional (James, Southam and Blackburn, 2004).

When a schema has been developed, a trigger may activate it and then information processing will follow the pattern of activation which is determined by the schema. The resulting thoughts from this depend on the situation, however the general theme could be common. If the threshold for activation is low, being triggered by seemingly insignificant events or moods, and if many different experiences lead to its activation, then this theme and corresponding schemas are pervasive, they have a great impact on the person's life and therefore they are considered core (Young, 1999).

According to Ingram et. al., (1998) four main cognitive components are involved in this process. Schemas consist of 1) the cognitive structure which refers to the way information is organized and structured and 2) of cognitive propositions which include core beliefs. 3) The cognitive operations are the processes of those schemas for example interpretation, encoding, attention and retrieval. 4) Cognitive products are the thoughts and beliefs which are accessible and derive from the interaction between information processing and schemas. Core beliefs lie

at the deepest part of schemas and when these underlying beliefs are negative, dysfunctional self-schemas are formed in terms of conditions, imperatives and compensatory strategies or assumptions (Otani, Suzuki, Matsumoto, and Shirata, 2017).

Another way of understanding core beliefs is by considering them to be general themes and the verbal representations of schemas. Specifically, in depression, a set of relationships (schemas) are activated which result in symptoms. Then the symptoms or products of schemas are available for conscious deliberation, however the processing details are not. Therapy can help to identify some of these details. When exploring various situations in which these sub-units were collectively activated, one can identify a common theme of these activations, which could be a core belief. However, this is not always the case. Certain conditions or criteria need to be met for a theme to be a core belief. Such criteria include the emotion associated with the belief, the strength of conviction, the frequency of activation of the related schema, whether it is conditional or unconditional, changeability, time of formation, its function (impact on life) and more. Core beliefs often refer to the self, however they could relate to other aspects of life for example culture or religion.

For example, in the case presented by Henry and Williams (1997), various self-referring thoughts had differing degrees of changeability which indicated which of these are core. On the one hand the client's beliefs about being unable to cope alone, being crazy and being inadequate, were modified with the help of the therapist. On the other hand, they were only able to lessen the impact of the thought that the client was unattractive. This belief persisted beyond the depressive episode, implying that the client's belief that she is unattractive, is a core belief.

When one is reading literature on core beliefs and schemas, it will be helpful to bear the distinction in mind, so that one can identify what the author is referring to. The term

‘schemas’ is frequently used when it would be more accurate to use the term ‘core beliefs’. However, in most cases the distinction is not extremely important to understand the point being made. For example, in the case of mental health difficulties whether one is referring to negative core beliefs or schemas, both have a strong maintaining effect because they determine what one pays attention to, processes and remembers, often ignoring or discounting contradictory evidence. Also, negative schemas or core beliefs about oneself, others, the world and the future can impede on therapy by undermining one’s hope and motivation and by impacting on the therapeutic relationship. (Padesky, 1994)

Treatment of core beliefs. As mentioned, core beliefs develop initially during early childhood (Padesky, 1994). Core beliefs and schemas have been shown to mediate adverse childhood experiences and subsequent depression (Dozois and Rnic, 2015). Some negative core beliefs remain latent until they are activated by adverse experiences later on in life, which would be congruent with the stress diathesis model. In other words, one may have a vulnerability for mental illness, due to the core belief that one is unlovable, however if this belief is not activated by adverse experiences, depression might never be triggered (Dozois and Beck, 2008, p. 3).

Beck (1995) supports that one’s negative core beliefs are usually linked to helplessness (for example beliefs of incompetence and inadequacy) or unlovability (I am worthless, I am undesirable). He identifies two main personality types which are represented by self-schemata. The first (sociotropy) is characterised by social factors such as approval and acceptance as being conditions of self-worth. The second (autonomy), determines that self-worth is dependent on achievement, success, independence etc. Depression is more likely to occur when one goes through adverse experiences that are congruent with the type of factors that determine one’s self-worth (Beck, 1983).

Due to the nature of core beliefs and particularly that they are deeply rooted, unconditional and pervasive one may be sceptical about whether these can be treated with psychotherapy, or whether it is only their products that are changeable and responsible for symptom alleviation. A recent review (Dozois and Rnic, 2015, Taylor, Bee and Haddock, 2017) on the treatment of core beliefs or early maladaptive schemas concluded that evidence supports that they are changeable via psychotherapy. Further research indicates that CBT is effective at changing core beliefs (Padesky 1994, Young 1999, Beck, Davis, and Freeman, 2015;. etc.). Early maladaptive schemas are related to pathological symptoms and changing these schemas predicts alleviation of symptoms. (Taylor, Bee and Haddock, 2017; Nordahl, Holthe, and Haugum, 2005).

When treating mental illness according to CBT, therapists tend to initially focus on addressing the impact core beliefs have on more accessible patterns of thought, feeling and behaviour. Only if unsuccessful at this initial level, would one then attempt to address core beliefs. Padesky, (1994) supports that in cases of short-term depression (months-few years) it is often not difficult to achieve modifications in core beliefs, because usually one will also have developed neutral or positive core beliefs. For example, one struggling with depression may have an activated core belief of "I am worthless", as well as a latent core belief "I am ok" which is activated when one is not depressed. In this case evidence which contradicts the negative core belief may result in its modification and therefore in its consequent presenting symptoms within a short period of time. In more chronic depression, one may not have such alternative schemas, and therefore contradictory evidence may not have the same effect on the core belief. In this case the goal may be to weaken maladaptive schemas and identify and strengthen alternative schemas (Padesky, 1994)

When addressing core beliefs, change may not be achievable for all clients. Initially the therapist needs to identify whether the person's core beliefs can be changed or not. If following

assessment, the therapist concludes that one's core beliefs are likely to continue to be activated, then the goal will be to make them more flexible (Dozois and Rnic, 2015). In addition, work with core beliefs should be avoided with people with mild depression, first episode symptoms or by an inexperienced therapist (James and Barton, 2004). On the other hand, this type of technique is appropriate and necessary if clients are experiencing long term, recurrent emotional difficulties.

It is worth noting that identifying and addressing core beliefs is a risky endeavour which could result in clients' symptoms becoming worse if not conducted effectively. This is because it involves the exploration and challenge of long-term unconditional beliefs about oneself and the world (James and Barton, 2004). A more in-depth than usual assessment is necessary, and therapists need to be aware of obstacles which might impede on therapeutic success when working on this level of thought. McGinn and Young (1996) have described three possible obstacles: schema maintenance, avoidance, and compensation strategies. If conducted by an inexperienced therapist, the treatment of core beliefs could create more issues for the client. An example of this could be that of clients who are exposed to the core belief that they are useless, they may go home and re-evaluate their life circumstances and choices through the perspective of this belief, which could exacerbate their depressive symptoms. A skilled CBT therapist on the other hand will have prepared enough to ensure coping mechanisms are in place and the clients are taught to de-centre from the core beliefs.

Hopefully, this overview of the nature, development and treatment of core beliefs has enhanced the readers understanding of them. This will facilitate a more meaningful exploration of their presence in Stoic theory. Because when considering the number of Stoic philosophers, the vast chronological period they were spread out in and the number of differing opinions of them, this paper will focus primarily on the work of Epictetus, Marcus Aurelius and Seneca, because these authors address areas which are relevant to psychology and CBT.

2.5 Core beliefs and *hexeis*

The Stoics were not focused on mental illness so when comparing the notion of core beliefs in Stoicism and CBT it will be helpful if we broaden the notion so that key aspects are identified without the need to limit the term to the precise definition given in the framework of CBT. In general core beliefs are a) underlying cognitive elements which are developed based on biological and environmental factors; b) they influence one's interpretation and recollection of experience; and therefore, they guide one's judgments, decisions and actions. This section will therefore, focus on factors in Stoicism which seem relevant to these elements a-b. A couple of excerpts will demonstrate how common elements can be identified.

Equivalent notions to that of core beliefs can be identified in the Stoics. One example of this is found in Epictetus when discussing states of mind or as he notes 'affections of the mind'. He argues that one's judgements are what cause mental distress and each time one perceives something in congruence with a corresponding emotion or attitude, one strengthens it, until a deeply rooted negative core belief is formed or as Epictetus calls it a *callus*:

> "but if you apply no remedy, it won't return to its original state, but when it comes to be aroused again by the corresponding impression, it will become inflamed by desire more rapidly than before. And if this happens repeatedly, a callus will finally be formed, and the infirmity will cause the avarice to become entrenched. For if someone has had a fever and then recovered, he is not in the same state as he was before having the fever, unless he is completely cured; and something similar happens with affections of the mind too. Scars and bruises are left behind on it, and if one doesn't erase them completely, it will no longer be bruises that are found

> there when one receives further blows on that spot, but wounds". (Epictetus, *Discourses*, book 2.18, 9-11)

It is implied that there is a remedy which one can apply, which in congruence with CBT involves correcting the 'corresponding impressions' to prevent the 'callus' or core belief from being formed or reinforced. If however one continues to experience events as negative, this will strengthen negative perspectives, impacting one's mind. Such negative perspectives will no longer have the form of transient bruises but deeper, potentially permanent wounds.

In another interesting excerpt, Epictetus discusses the consequences of thought patterns which are based on faulty foundations. This resembles the impact of unhelpful thinking styles which are founded on maladaptive core beliefs:

> "Don't you wish to lay a firm foundation at the beginning, by examining whether or not your decision is sound, and then go on to establish your firm and unwavering resolve on that foundation? But if you lay down a rotten and crumbling foundation, you shouldn't try to build on that, but the bigger and stronger the edifice that you heap upon it, the sooner it will come tumbling down." (Epictetus, *Discourses*, book 2.15, 8-10)

In terms of CBT, as mentioned in the previous section, a genetic predisposition to thinking negatively, could be related to a neurobiological substrate of an overreactive fight or flight response which has a clear adaptive benefit. In this case, one's mind may be structured in a way which identifies threat quickly by filtering out alternative explanations. This biased perception could fast track the formation of negative core beliefs which would function as the foundation of one's thoughts. If this foundation becomes entrenched and negative thinking styles which are built on them become the rule, then at some point one could experience the negative impact of this in the form of mental illness.

Excerpts such as these, indicate the presence of something equivalent to core beliefs in Stoic thought, however, to investigate this in a more structured way, I shall now compare features of core beliefs to analogous ones of *hexeis* (dispositions). These include that they are based on genetic and environmental factors, they influence one's interpretations of reality, they are reinforced by similar judgements, and when maladaptive, they result in emotional distress and mental illness.

2.5.1 Genetic predisposition: Animalistic part vs divine nature

Genetic features are separated into two categories in Stoicism. The first is the animalistic part which one shares with other species and the second is that which is divine and unique to humans. In modern terms the animalistic part reasonably includes faculties like basic autonomic functions, emotions, instincts, ability to learn, and playfulness (Premack, 2007; Rosati et al., 2014; Shettleworth, 2012). The divine part involves features which typically characterise humans, like an enhanced ability for rational deliberation, theory of mind, cognitive flexibility, and the ability to attribute value (Fumagalli, and Priori, 2012). Both parts are innate, however they are further developed through experiences.

Epictetus describes one aspect of the divine nature as that which enables one not only to examine, analyse and understand external objects but also oneself: "the faculty that takes both itself and everything else as an object of study" (Epictetus, *Enchiridion*, book 1, 4), involving capacities like self-awareness, self-monitoring, and self-evaluation in CBT. Seneca adds that humans can modify their unexamined urges by using their highest faculty which is that of rational deliberation (Groenendijk and de Ruyter, 2009).

Another important aspect of one's divine nature, is the ability to interpret or give meaning to things instead of just observe. "But God has brought the human race into the world

to be a spectator of himself and of his works, and not merely to observe them, but also to interpret them." (Epictetus, *Enchiridion*, Book 1.6, 19). In the context of neurobiological research and social sciences today (Korzeniewski, 2020) this ability is not solely learnt, but it requires the presence of genetically based cognitive brain structures and neuronal systems which are characteristic of humans and therefore differentiate us from other species (despite exceptions). The capacity to interpret things in a way which may not reflect reality is fundamental in terms of CBT. This is because if one repeatedly interprets things in a negative way, this may result in maladaptive core beliefs. In Oliver's case, every time his teacher corrects him, he interprets this as her being cruel and wanting to make him feel bad, which contributes to his core belief 'others are threatening'.

When these higher cognitive faculties are not used in accordance with nature, they create more problems than they solve. This is partly because one is constantly exposed to one's thoughts, which, if maladaptive, constitute an unlimited source of emotional distress. As Seneca notes:

> "Wild animals run from the dangers they actually see, and once they have escaped them worry no more. We however are tormented alike by what is past and what is to come. A number of our blessings do us harm, for memory brings back the agony of fear while foresight brings it on prematurely. No one confines his unhappiness to the present." (Seneca, *Epistles*, 5)

This is also acknowledged by CBT and examples of this include rumination over past events and excessive worry about future ones. Seneca's description of these faculties as blessings which end up doing harm, implies the difference between the correct use of these faculties versus the incorrect use of them. In the Stoic tradition, if one was able to consistently live and think in accordance with one's divine nature, one could reach the highest form of

happiness. I mentioned that this is an example of not using the human faculties in accordance with nature. This is because using them in accordance with nature would limit their attention to one's sphere of control. When overthinking about past events and future possibilities the Stoics would support that one is making mistakes in attributing good and bad value to things. Specifically, one would be perceiving something as bad, which is beyond one's sphere of choice. In this way our divine 'blessings' lead to 'torment'.

Acting *according to nature* for the Stoics means one's *rational nature* since this is what distinguishes humans from other species. It entails only evaluating as good and bad, things which are within one's sphere of control, for example one's thoughts, feelings, evaluations, behaviours, and attitudes. These are considered free and unhindered since they are not susceptible to influence from anything external of one's own rational faculty. Everything outside one's sphere of control is indifferent or preferable but not of value in terms of good and bad (Annas, 2007).

Considering these points in relation to Oliver, due to his anxiety he may spend a lot of time in the day thinking about adverse situations in his past or worrying about things that may happen in the future. If he used his underlying cognitive faculties only in accordance with reason, then he would not be distressed since the past and future are not in his sphere of control. This does not mean that he should not consider the past or future. Learning from the past and planning for the future is rational, but ruminating, worrying, and becoming overly distressed about these things does not constitute rational use of his faculties.

Since following one's rational nature, leads to ultimate happiness, then Epictetus wonders why people do not follow it more often or consistently: "Why if we are fitted by nature to act thus, do most of us not act in accordance with nature?". (Epictetus, *Enchiridion*, book 1.2, 34). The obvious answer to this is because one also has an animalistic part which influences

one's judgments. One's animalistic part is limited, dependent on circumstances, overly concerned with indifferents, and therefore it makes one susceptible to distress from various sources:

> "It was fitting then, that the gods have placed in our power only the best faculty of all, the one that rules over all the others, that which enables us to make right use of our impressions; but everything else they haven't placed within our power. Was it that they didn't want to? I think for my part that, if they could, they would have entrusted those other powers to us too; but that was something that they just couldn't do. For in view of the fact that we're here on earth, and are shackled to a body like our own, and to such companions as we have, how could it be possible that, in view of all that, we shouldn't be hampered by external things?" (Epictetus, *Discourses*, book 1, 7-9)

In the case of Oliver, this is apparent when he acts in response to his anxiety instead of his reason. When his manager, for example, gave him negative feedback for something which was not his responsibility, out of fear of being fired and losing his source of income, he was overly apologetic and did not mention the injustice. The right choice in this situation, according to the Stoics, would have been for him, through reason, to realise that losing his job is related to externals, not within his sphere of control, and therefore indifferent. A rational appraisal of the situation may have resulted in Oliver prioritizing courage and justice, therefore standing up for himself.

It is worth noting that individuals vary in the amount of influence they receive from the divine part and the animalistic, making some humans more rational in their judgements, others less, some more emotional than others etc. As noted by Epictetus, only a few tend towards that which is divine and blessed because the non-rational side of us is stronger than the rational one.

> "As things stand however, we don't react in that way, but since these two elements have been mixed together in us from our conception, the body, which we have in common with the animals, and reason and intelligence, which we share with the gods, some of us incline towards the kinship that is wretched and mortal, and only a few of us towards that which is divine and blessed". (Epictetus, *Discourses*, book 1.4, 3).

Various types of personalities, traits and characteristics result from different combinations of features related to the divine and animalistic parts of humans and of their corresponding core beliefs:

> "It is because of this kinship with the flesh that some of us who incline towards it become like wolves, perfidious, treacherous, noxious creatures; or others like lions, wild, savage, and untamed creatures; or in most cases like foxes or something even more ignominious and base" (Epictetus, *Enchiridion*, book 1, 3-7)

These animals represent different characters which are in part based on genetic features. If solely influenced by reason, one could reasonably assume that humans would be less diverse. However, since as far as the Stoics are aware, nobody so far has been able to live entirely according to rational nature, all humans have animalistic tendencies and traits as part of their personalities.

Similarly in terms of CBT, behavioural geneticists and evolutionary psychologists demonstrate that one is born with innate psychological features like temperamental characteristics and predispositions to act in specific ways in different situations (Stevens and Price, 2015; Plomin, 1994; Gilbert, 2016). Some of the variance in human behaviour can be attributed to genetic temperamental factors like the 5 personality traits neuroticism, extraversion, introversion, openness to experience, conscientiousness and agreeableness (Costa

and McCrae, 1992). Various individual traits are associated with differences in basic genetic neurobiological mechanisms for example, optimism and pessimism (Leahy), self-esteem (Baumeister, Tice and Hutton, 1989), shame (Keltner and Harker (1989), and other personality characteristics and susceptibility to psychological disorders (Elliot and Thrash, 2002). Therefore, from the perspective of CBT and modern psychology when Epictetus describes people as foxes for example, one could reasonably assume that he is referring to people who may be excessively anxious. People that resemble lions might be courageous, but they may also have anger management issues. Genetic features contribute to core beliefs, which influence the formation of one's character. In the case of Oliver, he is considered to have a shy and timid character. This description of him is closely linked to his core belief 'others are threatening'. If this core belief was replaced with 'others are helpful' this would reasonably result in a confident or sociable character.

Genetic traits in the Stoics and CBT are therefore linked to interpretational and attitudinal tendencies *(hexeis* and core beliefs), which influence one's responses and behaviours, all of which contribute to the formation of one's character. The link between these notions will become clearer as I examine the role of environmental factors and how these result in *hexeis* or dispositions.

2.5.2.The role of environment and the development of *hexeis*

Various Stoic sources demonstrate the role of one's environment and upbringing in the development of *hexeis*, as attitudinal tendencies. Marcus Aurelius comments on the contribution of significant others to the development of his characteristic traits, for example decency and a mild temper from his grandfather, integrity and manliness from his father and

various other attributes and habits from other family members, tutors, and role models (Marcus Aurelius, *Meditations*, book 1).

Seneca also recognises the significance of early life experiences in claiming that "it is of eminent importance to educate children from an early age within a system that is good for them" (Seneca, 2008). In his dialogues he includes advice on how to reduce the expression of aggression displayed by children. He argues that, although it will not be diminished completely, since children cannot exercise their rational faculty effectively, they can be discouraged from giving in to their anger (Seneca, 2008).

In agreement, Epictetus argues that although humans are equipped with the potential to judge things accurately, they need education and practice to achieve this:

> "It is for that reason above all that we have need of education, to be able to apply our *prolepseis* of what is reasonable and unreasonable to particular cases in accordance with nature." (Epictetus, *Discourses*, book 1.2, 5-7)

If one is not educated in this area, then one will keep making inaccurate and unhelpful evaluations. In terms of CBT, this is the equivalent of reinforcing unhelpful thinking styles like 'catastrophising', which often result in interpreting things as more difficult, terrible, or worse than they are in fact. Or as Epictetus states: "because of our lack of practice, we're always piling up difficulties for ourselves and imagining them to be greater than they really are" (Epictetus, *Discourses*, book 1.16, 21)

Incorrect evaluations in Stoicism result in unnecessary distress and mental health difficulties in the same way that maladaptive interpretations do in CBT. In the case of Oliver, for example, specific experiences were generalised so that he incorrectly perceived all others as threatening, until this attitude had a pervasive influence on his character. With appropriate training and extra support, from early on, albeit difficult, perhaps Oliver could have enhanced

his rational faculty, enabling him to develop a more flexible and realistic way of perceiving others.

Habituation through practice, therefore, has an important role in the development of *hexeis* in Stoicism, which is equivalent to its role in the development of core beliefs in CBT. In both, it involves repetition of a certain kind of judgement, which depends one's interpretations, which in turn depend on one's use of one's rational faculty. In line with this, Epictetus describes the role of habit in the development of certain tendencies and traits.

> "Every habit and capacity is supported and strengthened by the corresponding actions…The same also applies to states of mind. When you lose your temper, you should recognize not only that something has happened to you at present, but also that you've reinforced a bad habit, and you have, so to speak, added fresh fuel to the fire. When you've yielded to sexual desire, don't count that as being just a slight defeat, but recognize that you've fortified your incontinence, you've given it added strength. For it cannot fail to come about that, as a result of the corresponding actions, some habits and capacities will be developed if they didn't previously exist, while others that were already present will be reinforced and strengthened" (Epictetus, *Discourses*, book 2.18, 1-8)

When considering capacities and states of mind, we can consider both helpful and unhelpful tendencies and characteristics as being influenced by exposure to certain experiences. It is not always clear which of these is helpful or not, partly because it may depend on the circumstances. Take for example the state of being anxious or more vigilant to possible threat. According to this excerpt of Epictetus, if one is exposed to situations of threat so that one must keep exercising this state of being hypervigilant, this will be strengthened. Similarly, one may have a natural tendency to feel low in ambiguous situations. If one keeps perceiving

things as being sad one will reinforce his response of feeling low. Hence as Epictetus points out, even if there was not a strong innate tendency towards a dysfunctional state of mind, one could develop due to experiences and behaviours.

If one's perceptions, actions, and habits, are in accordance with one's animalistic part, then this will be reflected in one's character. Epictetus warns of this: "watch out, then, and take care that you don't end as one of these wretched creatures" (Epictetus, *Discourses,* book 1.3, 9). An example of this in CBT is that if, due to an over-sensitive fight or flight response, one perceives a neutral event as threatening, then one becomes hypervigilant and on the lookout for threats even when they are not present. If this becomes a habit, then it contributes to the formation of core beliefs, to corresponding actions and subsequently to one's character (Kimble et. al., 2014).

The habituation of inaccurate beliefs of what should be desired/good and avoided/bad, often influenced by one's animalistic side, may result in one perceiving things as aversive in an exaggerated way. This includes one's perception of oneself, one's environment and one's future (I am unlovable, I am weak).

> "Now since everyone, whoever he may be, is bound to deal with each matter in accordance with the belief that he holds about it, those few who think they were born for fidelity, for self-respect, and for the sound use of impressions will never harbour any mean or ignoble thought about themselves, whereas the majority of people will do exactly the opposite. 'what am I? a poor wretched man', they say, or 'This miserable flesh of mine'." (Epictetus, *Discourses*, book 1.3, 4-6)

For the Stoics, if wrong judgements are habituated, they result in diseases of the soul, which correspond to mental health difficulties in CBT. As Epictetus notes: "What is it then, that weighs down on us and makes us lose our minds? What else than our judgements?"

(Epictetus, *Discourses*, book 2.16, 24). According to Rabel (1981), in some cases the Stoics define diseases of the soul as (πάθη) *pathe* (passion, affections, emotions), and in others they consider the diseases to be (έξεις) *hexeis* (dispositions), both of which involve judgements. These dysfunctional dispositions then result in additional corresponding judgements, which further reinforce them. In CBT this is equivalent to core beliefs, resulting in negative automatic thoughts, which in turn reinforce the core beliefs. In the context of this feedback cycle, both *hexeis* and core beliefs, once formed, are hard to eradicate.

Regarding the difference between *pathe* and *hexeis*, it is equivalent to the difference between negative automatic thoughts and core beliefs. *Pathe* are described as transient movements of the soul, like contextual cognitive or emotional responses, related to specific circumstances. *Hexeis*, on the other hand, involve a trait or quality, and they are more stable and long lasting. Also, *pathe* are linked to an external object, whereas *hexeis*, represent internal dispositions (Rabel, 1981). Just like having a core belief involves a bias towards certain types of automatic thoughts and corresponding emotions, thus having a *hexis* involves a tendency towards certain types of *pathe*.

2.5.3. Weakening of core beliefs and *hexeis*

These inaccurate perceptions or unhelpful thinking styles can be treated, however if not, they may result in the development of moral infirmities in the mind. In other words, if one identifies, acknowledges and understands the error, then one can restore one's rational capacity. However, if nothing is done, these inaccurate perceptions become worse because they are reinforced each time one perceives something as negative.

When one is exposed to adverse environments which may reinforce specific characteristics, one can counterbalance this by applying one's rational capacity and altering

one's interpretation of them. From a psychological perspective, this could take the form of psychotherapy or of enhancing one's resilience. This can also work prospectively if one receives adequate instruction from significant others early on in life, for example if care givers teach one to use one's rational capacity more effectively which will increase resilience and reduce the impact of the adverse experiences on the reinforcement of unhelpful states or tendencies. As Epictetus notes, if one continues to experience negative events and conditions by receiving further blows on that spot (e.g. threats/scares on one's anxiety) then this turns into wounds which one can understand as being negative core beliefs that are waiting to be activated by similar blows on the same spot in the future.

> "It is better to conquer our grief than to deceive it. For if it has withdrawn, being merely beguiled by pleasures and preoccupations, it starts up again and from its very respite gains force to savage us. But the grief that has been conquered by reason is calmed forever." (Seneca, *Dialogues and Essays*, 17b, 1)

This is surprisingly relevant for the formation of core beliefs in CBT. By avoiding cognitive processing of emotionally distressing experiences, these are not 'conquered by reason'. In this case, one may be able to distract oneself or engage in other activities to avoid the emotions, however they are not resolved until one cognitively processes the situations appropriately. In CBT this can take place during cognitive restructuring and as Seneca noted, by applying reason, in other words by rationally exploring and processing situations, one's emotion is calmed forever. More information about the method of therapy has been provided in previous sections. At this point I only want to highlight that therapy is possible by habituating what is according to reason.

In the case of Oliver, his timid presentation made him a target of bullying at school. If when bullied he avoids talking or thinking about this because it is distressing, it is unlikely that

this will be resolved practically or psychologically/cognitively. This will contribute to his belief that 'the world is threatening' and 'I am weak' which could result in unhelpful thinking styles and possibly mental health difficulties. By cognitively processing this and resolving it, Oliver may instead reinforce alternative more adaptive thoughts. Depending on how the situation was resolved Oliver may reinforce the idea that he has a degree of control over his circumstances (not weak), or that there are other people who can help (not helpless). If the bullying continued Oliver could change the way he thinks about it, for example by contemplating that although the world in general is safe and lots of people are nice, sometimes people behave badly. Further contemplation could lead to Oliver feeling empathy for the bully who may be acting like this because of being bullied themselves. Multiple more adaptive consequences could have resulted from the situation if faced instead of being avoided.

Core beliefs in the context of Stoicism are therefore like unhelpful or inaccurate habits or tendencies of thoughts, emotions, and behaviours. The elements which prevent one from perceiving things as they are, and therefore result in these tendencies are linked to passions and emotions.

> "those thoughts are not false from which serenity comes to us and freedom from passion" (Epictetus, *Discourses*, book 1.4, 28)

Passions inhibit one's wellbeing by impacting on our ability to exercise our rational faculty. Similarly the biasing impact of core beliefs (cognitive tendencies) and their corresponding emotions impede on one's ability for rational deliberation. If one was free from this bias one would be able to think flexibly, identifying more realistic or helpful perspectives. One would then be in a better position to judge what is good and bad which will guide one's behavioural responses more effectively.

> "Now, if virtue promises to enable us to achieve happiness, freedom from passion, and serenity, then progress towards virtue is surely also progress towards each of these states. For it is invariably the case that, whatever the end may be towards which perfection in anything definitively leads, progress marks an approach towards that end." (Epictetus, *Discourses,* book 1.4, 3)

And of course, progress towards virtue involves all aspects relevant to acting in accordance with our rational capacity. So, in the case of CBT and mental health, acting in accordance with virtue is trying to neutralise the effect of maladaptive core beliefs by making one's thoughts, feelings and behaviours less animalistic (or emotion led) and more rational. It is worth reminding oneself at this point that one should not get carried away with the Stoic ideals of ultimate virtue or perfection of character. In the context of CBT, one is still on the rudimentary stage of trying to weaken the core beliefs and distortions one has because of one's genes and environment. The higher form of virtuous action and resulting happiness is beyond the scope of CBT which aims at simply directing one to becoming more aware of misinterpretations and cognitive errors and how to overcome them. This indicates an important difference between core beliefs in Stoicism and CBT which will be analysed in the next section.

The Stoics therefore believe that *hexeis* or tendencies in thoughts, feelings and behaviours can be reversed. They recommend small steps of improvement. It does not matter what stage one is on, or whether one can become perfect as long as one puts effort in getting on the right path and making progress. "But if you're still afraid and trembling as you seek to avoid falling into what you want to avoid, how, I ask, can you make any progress?" (Epictetus, *Discourses*, book 1.4, 12)

This point indicates the difficulty to make progress when one is preoccupied with perceptions of threatening events and stimuli. In the case of mental illness, due to the frequency

and intensity of these threatening stimuli, progress is even more difficult. One's core beliefs influence areas noted by the Stoics as significant for example impulses, motivation, assent of accurate judgements etc. This makes it harder for one to act in harmony with nature. In other words, it is harder to live in accordance with reason, when one's impressions are distorted.

It seems that to treat the moral infirmities, calluses, or negative core beliefs, one needs to practice acting according to one's rational nature. This however is not an easy task. For most of our lives we have been reinforcing negative ways of thinking, feeling and acting. In addition to this, there are many things which provide immediate rewards to our animalistic side, which oppose our rational natures or divine natures. This means that it takes a lot of conscious effort to get back on track, but if ultimate happiness is the final achievement, it may be well worth it.

The similarities between *hexeis* and core beliefs are convincing, however this is not the only way to link core beliefs to Stoicism. Another Stoic notion, that can usefully be compared with that of a core beliefs is that of *prolepseis,* which I shall focus on now.

2.6. Core beliefs versus *Prolepseis*

Prolepseis in Stoicism are innate dispositions in humans to form certain ethical concepts. They involve a structure of features which enables one to attribute value to things, by processing and organizing relevant information. (Watson, 1966). As a potential to make accurate judgements, their development requires relevant experiences. Since humans have an animalistic part and a divine nature, they can make evaluations and respond in a way which is good for their bodily constitution, and in a way which is good for their rational constitution. The accurate application of *prolepseis* is related to the latter. Seneca describes this potential as seeds of relevant knowledge:

> "To return to the matter on which you desire information: 'How we first acquire the knowledge of that which is good and that which is honourable.' Nature could not teach us this directly; she has given us the seeds of knowledge but not knowledge itself." (Seneca, *Epistles*, 120)

If this potential is used to the best of one's ability it will result in a strong tendency to consistently make accurate judgements and evaluations. For the Stoics this means evaluating as good and bad, only things within one's sphere of control. This would lead to the highest form of human happiness. So far, however, nobody has been able to achieve this (Epictetus, *Discourses*, book 2, 17, 14). Instead, humans tend to apply this potential inaccurately from early on, thus developing bad habits which are difficult to amend. When the wrong application of *prolepseis* is consolidated, for example, when one consistently judges indifferents as good or bad, this often leads to distress and mental illness.

According to Chrysippus the formation of the *prolepseis* which are related to the ethical sphere, is guaranteed by *oikeiosis* (Jackson-McCabe, 2004). This involves habituating what is according to one's nature. This process of acting in congruence with one's nature, or in a way which benefits one's constitution, is also observed in animals in the form of self-preservation. To demonstrate the unique character of this kind of concept Jackson-McCabe points out that, "Unlike other concepts, that is, these represent a formal conceptualization of an innate tendency to distinguish between things fitting for one's constitution and things not fitting that all animals, according to the Stoics, *bring to* their empirical experiences". (Jackson-McCabe, 2004, p. 323). This highlights that *prolepseis* are bringing something to experience as well as drawing on it. This includes an innate framework or structure which organises information resulting in perceptions. Since humans have an animalistic part and a divine nature, in the context of oikeiosis, they can act in a way which is good for their bodily constitution, and in a way which is good for their rational constitution. *Prolepseis* are related to the latter.

To further clarify the notion of *prolepseis* I shall mention a debate in the literature regarding their essence. This will facilitate understanding of the complex nature of *prolepseis* as involving innate predispositions, formal conceptualizations (a special type of belief) and teleological goals. In the context of this debate, Dyson (2009) undertakes a systematic, diligent, and comprehensive investigation of the term, which includes the identification of all references of it in the Stoic literature (18 times in the 3 volumes of the fragments 17 of these in relation to Chrysippus versus 44 times in the Discourses). Two ways of understanding Stoic *prolepseis* include the nativist approach and the empiricist approach. According to the first, one is born with *fully formed* innate *prolepseis* which are obscured at birth. This resembles the forms in Plato's theory of recollection (Plato, 1997). In this approach, philosophical reflection serves the purpose of facilitating recollection by clearing the fog away.

According to the empiricist approach, one is born with the *starting points* from which proper definitions of ethical concepts can develop. In other words, instead of obscured fully formed concepts, one is born with *predispositions* or a *potential* to judge and act appropriately. This is in congruence with the Stoic understanding that one's concepts derive from sense perception or at least not without it (Dyson, 2009).

The debate seems to reflect alternative ways of grasping the same understanding of *prolepseis* as pre-existing notions which are simultaneously teleological. One is born with the divine ability to achieve perfect *prolepseis*, which involves 1) a potential (rational faculty) and 2) a teleological final product (the perfect formulas for evaluating things). The empiricist account emphasises the first as a starting point and the nativist the second. The actualization process is the same in both, and it involves consistently thinking, feeling, and acting in accordance with one's rational faculty.

I agree with most researchers in finding the empiricist approach more convincing (Sandbach, 1930). This is because the Stoics developed the theory of concept-formation as an *objection* to Platonic recollection. Moreover, I think that Epictetus is in favour of the empiricist approach, and he is the best source of a comprehensive account of *prolepseis* (Dyson, 2009). If he supported the nativist account, he would have stated it in a much clearer way. Instead, relevant excerpts are in congruence with the empiricist approach, for example: "we come into the world ready-instructed, as it were, to some degree by nature, and starting from that, we go on to add our personal opinion". (Epictetus, *Discourses*, book 2.11, 3-6). If, however, in the context of my comparison, one prefers the nativist approach, then one can infer an additional difference which relates to the metaphysical commitments of *prolepseis*.

2.6.1. Similarities between p*rolepseis* and core beliefs

Based on this description, *prolepseis* are equivalent to core beliefs because they initially involve genetic features or a capacity, they are developed through experience, their application reinforces them, they influence one's judgements, emotions and actions, and their inaccurate application results in distress. Jackson-McCabe (2004) comments that "*prolepseis* result from the natural tendency of the commanding faculty to organize sensual experience into abstract concepts" (Jackson-McCabe, 2004, p. 329), which is equivalent to the formation of core beliefs. As mentioned, core beliefs are a special kind of belief, since often one is not aware of them. They are not usually clearly articulated as conscious beliefs. Instead, we assume their existence through the impact they have on one's thoughts, feelings and behaviours. In this way they resemble attitudes since one acts as if one has adopted a core belief.

Both *prolepseis* and core beliefs start of as a potential to make evaluations of good and bad. This involves a structure of features or faculties which enable one to evaluate situations

by processing and organizing information. This structure is what both bring to empirical experiences by providing a framework which is partly developed based on relevant experiences. Just as one's *prolepseis* are typically inaccurate (not perfect) in the Stoic tradition, one's negative core beliefs are typically inaccurate in CBT.

Just like any genetically determined potential, *prolepseis* and core beliefs will function optimally or acquire the best possible form if environmental factors are advantageous and one's use of them is ideal. Thinking in terms of CBT, Oliver was born with a foundation or features which enable him to make accurate judgements, including his ability to identify threat, to rationalise, to make decisions, to have empathy, and a sense of responsibility and integrity. If he had used these faculties consistently in the best way possible, then they would reach their full potential, resulting in the epistemically and functionally most favourable core beliefs. In this case Oliver would always make accurate and adaptive judgements, resulting in mental wellbeing. Oliver, however, has been using these faculties inadequately, for example by interpreting other people's behaviour as threatening, even when this was not the case. This has resulted in a maladaptive core belief, or as the Stoics would say in a tendency to apply one's *prolepseis* inaccurately, leading to mental health difficulties. Regarding mental illness Epictetus explains that:

> "whenever you see someone who is pale from anxiety, then, just as a doctor infers from somebody's complexion, 'that man is suffering in his spleen, and that one in his liver', you should declare likewise, 'that man is suffering in his desire and aversion; he is not at all well; he is feverish.' For there is nothing else that changes a man's complexion in that way, or makes him shiver, or sets his teeth chattering, or makes him 'shift from leg to leg and squat on one foot and then the other" (Epictetus, *Discourses,* book 13, 12-13)

To present the comparison in a clearer way, this is a brief and simplistic outline of how the development of core beliefs and *prolepseis* relate to Oliver's presentation:

Core beliefs in CBT	***Prolepseis* in Stoicism**
Oliver is born with a genetic potential to make evaluations	Oliver innately has a divine nature and an animalistic part.
Oliver is more likely to interpret things negatively and to emphasize the severity of threat, because of his innate over-responsive fight or flight mechanism	Oliver typically prioritizes his physical constitution over that of his soul because his animalistic side is more influential than his divine nature.
This combined with perceived adverse experiences such as emotional abuse, being bullied, and a hostile workplace environment, have resulted in the development of the maladaptive core belief (conclusion) that 'other people are threatening'.	This combined with a lack of instruction in how to follow his divine nature, have resulted in him incorrectly evaluating indifferents as bad, which through habituation, has reinforced his tendency to apply *prolepseis* inaccurately.
His core belief functions as a framework, biasing his thoughts via unhelpful thinking styles, resulting in negative automatic thoughts and emotional distress.	His tendency to apply *prolepseis* inaccurately influences his thoughts, evaluations, and decisions, leading to further errors and emotional distress.
When invited to a party, he believed that other people would judge him and be cruel to him, so he decided to stay at home alone. He felt relief, since he avoided being treated	When invited to a party, he inaccurately evaluated the indifferent event as aversive, resulting in the cowardly act of hiding at home. This reinforced his irrational nature,

badly and this maintained and reinforced the core belief that 'others are threatening'.	and his tendency to apply *prolepseis* incorrectly.

This is a very simplistic overview; however, one can see that these notions are equivalent in certain ways. *Prolepseis* and core beliefs start off with a genetic predisposition or capacity to make judgements, they develop via experiences and application, they have an equivalent purpose or role, when accurate and adaptive they lead to mental wellbeing and when inaccurate and maladaptive they lead to distress.

A final area of similarities worth mentioning relates to the reasons why one is unable to develop perfect *prolepseis* and core beliefs. The more influential these factors are, the more likely it is that one will become mentally unwell. Some of these are associated and include that 1) one's animalistic part is more influential, 2) one is not instructed in the use of one's rational faculty, 3) one is, therefore, inefficient at considering alternative perspectives, and 4) one struggles to change habits once they are formed.

1) *Animalistic part*: According to the Stoics, humans fail to recognise that they can only be happy in the higher human sense if they live in accordance with the higher human faculty (reason).

> "For in so far as beings have different constitutions, their works and their ends will differ too. So where a being's constitution is adapted for use alone, mere use suffices; but where a being also has the capacity to understand that use, unless that capacity be properly exercised in addition, he will never attain his end" (Epictetus, *Discourses*, book 1.6, 16)

The reason one is unable to properly exercise that capacity and to attain one's end, is because one also has an animalistic part. The latter is typically more influential since in the

most crucial stages of learning, the rational faculty is not developed, making one more susceptible to one's irrational features. Also, more things are relevant to the sustenance and reinforcement of one's animalistic part, which includes everything that provides pleasure outside of one's sphere of control:

> "But as things are, although we have it in our power to apply ourselves to one thing alone, and devote ourselves to that, we choose instead to apply ourselves to many and attach ourselves to many, to our body, and our possessions, and our brother and friend and child and slave. And so, being attached in this way to any number of things, we're weighed down by them and dragged down." (Epictetus, *Discourses*, book 1.1, 14-15)

The correct application of one's *prolepseis* would determine the body as being secondary and indifferent. In this case one would not consider good something that benefited the body, or bad something which brought it pain. Humans, however, value their physical constitution (animalistic part) more than the constitution of their souls (divine nature):

> "As for us however, we think of ourselves as being mere bodies, entrails and sexual organs, because we give way to our fears and desires; and we flatter those who might be able to help us in this regard, while fearing those same people." (Epictetus, *Discourses*, book 1.9, 26)

This type of error usually takes place automatically without one being consciously aware of it. Epictetus believes that this is because one has not concerned oneself adequately with these things:

> "For we have never paid any attention to these matters and don't take any trouble over them. If it had not been death or banishment that we were afraid of, but fear

itself, we would have trained ourselves not to fall into those states of mind that seem bad to us." (Epictetus, *Discourses*, book 1.16, 18-20)

It is worth noting at this point that according to the Stoic tradition, one can still show interest in materialistic wealth, social approval, honours and loved ones, but this needs to be proportionate. One prefers having these things than not having them, however one should not prioritize them over the integrity of one's soul. Also, if due to adverse circumstances one loses these preferable, albeit indifferent things, one should not become excessively distressed (Epictetus, 1995).

In terms of CBT and core beliefs, features which one shares with other species (animalistic part) include mechanisms like the fight or flight response which evolved to protect one from physical danger. In modern society, situations in which one is in physical danger are rare. Despite this one's fight or flight is triggered frequently in response to an excessive number of situations which are interpreted as threatening like financial challenges, lack of time, efficiency, and social disapproval. This is an example of the prevalence of this mechanism over one's rational ability to differentiate actual threats from perceived ones.

2) *Inadequate instruction*: Because the Stoic *prolepseis* are innate, relevant evaluations, intuitively feel accurate and therefore one does not seek out instruction in this area. Epictetus observes that:

"all of us make use of these terms, and try to apply our *prolepseis* to individual cases. 'he acted well, he did as he ought or ought not to have done; he has been unfortunate or was fortunate; he is unjust, or is just'; who among us fails to use such expressions, who defers the use of them until he has been properly instructed, as with those who are ignorant about lines or musical notes? The reason is that, in this area, we come into the world ready-instructed, as it were, to some degree by nature, and starting

from that, we go on to add our personal opinion". (Epictetus, *Discourses*, book 2.11, 3-6)

Similarly in terms of core beliefs in CBT, the mechanisms which facilitate quick and efficient judgements and decision making, result in evaluations which intuitively seem accurate, are convincing, and therefore are often left unquestioned. If one would seek instruction in examining these, one would become better at making them. In other words, the development of maladaptive core beliefs could be prevented if, in addition to one's genetic potential, one obtained correct and consistent guidance from early on. Or as Epictetus notes regarding *prolepseis* "If in addition to these general principles, they also possessed the knowledge that is required to apply them correctly, what could keep them from being perfect?" (Epictetus, *Discourses*, book 2.11, 9)

In the context of both core beliefs and *prolepseis*, adequate instruction would improve one's ability for rational deliberation, and therefore for epistemically better evaluations. In Oliver's example, if each time he interpreted someone's behaviour as threatening or cruel, someone was there to explore these thoughts with him, and to consider more realistic alternatives, then his tendency to think rationally would be strengthened, and his tendency to overestimate threat in social situations would be weakened. This would prevent the development of the dysfunctional core belief 'others are threatening'.

In an analogous Stoic example relating to social anxiety, Epictetus mentions an orator who, despite having written a good speech and having memorized it well, is not content because he overestimates the importance of social approval and the likelihood that others will be judgemental:

"For when has he heard anything from anyone about what praise is, and what censure is, and what is the nature of each? And what kinds of praise are worth seeking and

> what kinds of disapproval are to be avoided? When has he ever undergone any course of training with regard to these principles? Why are you still surprised, then, that he excels other people in the areas in which he has studied and learned, but is no different from the multitude in those in which he has not?" (Epictetus, *Discourses*, book 2.16, 7-9)

He is mistaken in what he considers good and bad and what he attributes value to. The same applies to the lyre-player who despite feeling no fear when singing alone, becomes anxious when entering the theatre.

> "So what does this mean? That he doesn't know what a crowd is, or the applause of a crowd. He has learned, to be sure, how to strike the low and high notes, but what the praise of the mass of people is, and what value it holds in life, these are things that he neither knows nor has ever studied. So here he is bound to tremble and turn pale" (Epictetus, *Discourses*, book 1.16, 9-10)

Similarly, in CBT social anxiety is to a large extent linked to 1) a tendency to attribute excessive value to other people's perspective and 2) an overestimation of the likelihood that others are judgemental (Clark, Crozier, and Alden, 2005). A relevant core belief, as in the case of Oliver, being that 'others are threatening'.

A lack of correct instruction is combined with an abundance of incorrect instruction, to perpetuate the prevalence of evaluations and decisions influenced more by one's animalistic part and less by one's divine, rational nature. In terms CBT this includes exposure to unrealistic messages from others, for example Oliver's mother's tendency to overestimate the significance of what the neighbours might think.

3) *Inefficient ability for alternative thinking*: The first two factors result in an inefficient ability to think alternatively. This involves deficient cognitive flexibility,

imagination, and perspective taking. One Stoic example of this is that one typically is unable to perceive one's environment, situations, and circumstances as *part of a whole*:

> "From everything that comes about in the universe one may easily find cause to praise providence if one possesses these two qualities, the capacity to view each particular event in relation to the whole, and a sense of gratitude. For, otherwise, one will either fail to recognize the usefulness of what has come about, or else fail to be truly grateful if one does in fact recognize it" (Epictetus, *Discourses*, book 1.6, 1-2)

According to the Stoic thought, taking a universal and timeless perspective on things, includes recognising that there is a cycle of destruction and re-generation, involving constant change, without this being good or bad (Long, 1986). From this perspective a hurricane killing thousands of people, is just part of the natural order of things and therefore neutral.

This may seem extreme from the perspective of CBT; however, it is equivalent to taking a step back, putting things into perspective and realistically considering the severity of situations. In an example relating to Oliver, at a social gathering he said something which upon reflection he thought was silly. He perceived this as terrible, and he spent days ruminating about it. If he was able to consider this event in the grand scheme of things, his perception of its severity may be reduced. Also, he could consider a positive aspect of saying something silly, which is that others might relate to this and find him more approachable.

Another representative example of inefficient cognitive flexibility in Stoicism is that of one's inability to perceive misfortune as providing opportunity. When one encounters difficulties, this is a chance for one to overcome them, to enhance one's resilience and skills, and to obtain a sense of achievement:

> "Bring on me now, Zeus, whatever trouble you may wish, since I have the equipment that you granted to me and such resources as will enable me to

> distinguish myself through whatever may happen'. No, but you sit there trembling at the thought that certain things may come about, and wailing, grieving, and groaning at others that do come about;" (Epictetus, *Discourses*, book 1.6, 37-38)

In CBT this relates to one's tendency to disregard the positive impact that adverse circumstances have in terms of building resilience, self-improvement, problem solving skills and overall character. This is also linked to one's perception of one's ability to cope. It is often the case that when confronted with difficulties, one forgets that in similar situations in the past, one was able to competently overcome them. One also fails to recall the resulting sense of achievement and accomplishment one felt.

4) *Resistance to change*. Once factors such as these result in the formation of unhelpful habits, these are resistant to change. They therefore naturally lead to the development of maladaptive core beliefs, or strong tendencies to misapply *prolepseis*. These habits have been reinforced by repeated inaccurate and biased judgements, often combined with a lack of awareness of them. Unless one engages in philosophy or therapy, one continues to function with these unhelpful tendencies and to be convinced that their corresponding incorrect judgements are accurate, which maintains one's distress.

For all these reasons, the Stoics acknowledge the difficulty of applying *prolepseis* correctly, and they are not aware of anyone who is able to.

> "Show me just a single man, so that I may see that man whom I've been seeking for so long, one who is truly noble-minded and gifted; whether he be young or old, show him to me." (Epictetus, *Discourses*, book 2.16, 17)

People differ in their ability to apply *prolepseis* accurately, which is indicated by the variety of opinions on relevant topics. Regarding courage for example, some consider one running into a burning house to save his pet dog to be courageous, whereas others may consider

it imprudent. These types of disagreement about the application of *prolepseis*, in other words about what is good, bad, just, and unjust are the reason philosophy is necessary.

Similarly, in terms of CBT, people often have inaccurate yet strongly held convictions about what is good and bad. When they result in dysfunctional thinking styles and distress, CBT has an equivalent role to that of Stoic philosophy. It facilitates the exploration and examination of one's beliefs. In the example of Oliver, through exploration facilitated by philosophy or CBT he may conclude that people are not as threatening or judgemental as he thought or that even if they are, this is not a severe threat.

2.6.2. Differences between *prolepseis* and core beliefs

The first difference identified between the two, is that *prolepseis* are associated with one's divine nature to a greater extent, whereas core beliefs are more dependent on one's animalistic part. I propose that *perfect* Stoic *prolepseis* (opposed to typical imperfect *prolepseis*) are the core beliefs of the solely divine nature of humans. In other words, if humans were not influenced by their non-rational or animalistic part, they would always think, feel, and act in a way which is in congruence with their rational nature. The habituation of relevant tendencies would result in the correct application of the *prolepseis* and the achievement of a higher human happiness.

On the other hand, I believe that negative core beliefs, which are the focus of CBT, function as structures for interpreting reality which develop when one's animalistic part (representing one's less advanced faculties) is prevalent. As mentioned, they are linked to underlying mechanisms for quick decision making and adaptive responses, which are characteristic of other species, like the fight or flight system and the depression program (Bracha, 2004; Hagen, 2011).

Another area in which *prolepseis* and core beliefs differ relates to their interest in past experiences. CBT is considered a therapy of the here and now, instead of focusing on the meaning of past events (Fenn and Byrne, 2013). One's past however, is not ignored, rather it is explored because this has practical advantages like guiding interventions, helping one to understand why one is struggling, motivating one to make changes, and providing one with a sense of relief (Grant, Townend, Mills and Cockx, 2008). Past experiences are particularly significant in understanding how negative core beliefs developed.

On the other hand, the theory of *prolepseis* would not be altered or influenced by ignoring one's past. The Stoics acknowledge that one's animalistic part and inadequate instruction contribute to errors and distress; however, they focus a lot more on motives to act or not to act, desires and aversions, and assent to judgements. In the context of *prolepseis*, the Stoics do not need to motivate one by explaining one's errors based on one's personal history. Instead, they motivate one to apply *prolepseis* correctly so that one can achieve the teleological end of divine happiness.

It seems therefore that in CBT the reasons for not applying one's faculties accurately are sought out mostly in their past experiences, whereas in Stoicism the reasons for not applying them accurately are sought out mostly in their faulty values and future goals (for example bodily constitution versus constitution of one's soul). In the case of core beliefs *what one believes is incorrect because it is distorted and biased by past events* (past-current perspective). Whereas, in the case of *prolepseis what one believes is incorrect because it does not lead to the highest form of human happiness* (current-future perspective).

This also relates to a difference in terms of therapy since in CBT to rectify one's condition, one focuses on reversing or neutralizing the influence of the past. Whereas in Stoicism to rectify one's condition, one focuses on trying to achieve an end goal. The distinction

is not defined absolutely and rigidly since both notions are related to past, present, and future. *Prolepseis*, for example, are impacted by past events and core beliefs have an impact on one's future. There is, however, a difference in the involvement of these in each theoretical approach.

Perhaps these differences make sense when bearing in mind the audience which each relates to. In the case of maladaptive core beliefs and CBT, one is mentally unwell. It is crucial, therefore, for one to identify and explore the causes of one's distress in more depth. Neutralizing the impact of these, to live a more functional life is prioritised over aiming towards a higher form of being. On the other hand, the Stoics have as their audience people that function relatively well and have their mental health mostly intact; however, one still makes mistakes in one's evaluations, which causes distress. For this reason, neutralizing the impact of past events is not as important as having a teleological focus on improving one's quality of life.

This is linked to another difference regarding improvement, which is that the theory of *prolepseis* is more substantive and theoretically comprehensive than that of core beliefs in CBT, which is more procedural. Specifically, the Stoics recommend a directive standard, or criterion of judgement, which, Epictetus notes, one should use consistently in all situations:

> "For that is something, I think, which, when found, will rescue from madness those who use opinion as their sole measure in everything, so that from that time onward, setting out from known and clearly defined principles, we can judge particular cases through the application of systematically examined *prolepseis*." (Epictetus, *Discourses*, book 2.11, 18).

This criterion, as mentioned, is that one should exclusively evaluate as good (desirable) and bad (aversive) things which are within one's sphere of control:

> "Where does the good lie? In choice. Where does the bad lie? In choice. And that which is neither good nor bad? In things that lie outside the sphere of choice" (Epictetus, *Discourses*, book 2.16, 2)

On the other hand, improvement in terms of core beliefs in CBT is facilitated by one engaging in a process of judgement exploration. Instead of adhering to a pre-determined standard, one practices techniques which help to re-evaluate situations and promote alternative thinking (Beck, Emery, and Greenberg, 2005). In other words, CBT therapists help one decide how to improve one's circumstances, instead of dictating what one *should* think and value.

This leads to a final difference between the two in terms of ambition. Specifically, the normative standard, provided by the Stoics, for the correction of one's *prolepseis,* dictates what one should value to achieve the highest form of happiness. This promised outcome is ideal; however, the Stoics do not adequately consider what one is psychologically capable of, making it potentially unattainable. The usefulness of this criterion is therefore put into question. On the other hand, the process of CBT relating to core beliefs is less demanding, and therefore more useful and attainable. The gains aimed at, however, are less ambitious since they are typically linked to the reduction of distress and other symptoms.

I conclude this section with an outline summarizing my findings on the comparison of core beliefs and *prolepseis*:

Similarities

Core beliefs	***Prolepseis***
Involve genetic features as a predisposition	√
Develop through experience and repetition of certain types of judgements	√
Influence one's thoughts feelings and behaviours	√
Are reinforced by one's thoughts, feelings, and behaviours	√
When inaccurate and maladaptive, result in psychological distress	√
Their optimal form depends on an advantageous environment and consistent accurate judgements	√
Factors contributing to maladaptive ones include: • Over-responsive mechanisms shared with other species • Inadequate instruction	√

• Inefficient alternative thinking skills • Habits being resistant to change.	

Differences

Core beliefs	***Prolepseis***
Mostly relate to mechanisms shared with other species	Mostly relate to one's divine nature (rational faculty)
Personal past experiences are important	Personal past experiences are ignored
Beliefs are incorrect because distorted and biased by the past	Beliefs are incorrect because they do not lead to best outcomes
Remedy consists in neutralizing the influence of the past	Remedy consists in approaching a teleological end
Improvement is procedural, involving exploration and positive change	Improvement is substantive, involving adherence to a normative standard
Goals are less ambitious and more attainable	Goals are more ambitious and less attainable

Considering the equivalence between the two notions, their differences entail interesting implications. Perhaps in terms of theory, they complement one another, or could benefit from one another. For example, CBT could increase its consideration of teleological aims, whereas the Stoic thought could increase its consideration of what one is psychologically capable of. Alternatively, perhaps these dissimilarities enhance one's understanding of how ancient thought differs from modern day thought in matters of the soul. An exploration of these implications is beyond the scope of this paper; however, they indicate interesting areas for future research.

Conclusion

There are various similarities between CBT and Stoicism particularly in terms of the idea that one's interpretation of events is what causes emotional responses, not events themselves. If one's interpretations are inaccurate and negative, then one will experience distress. This means that if one is able to change one's perspective, then one's emotional state will follow.

To achieve wellbeing, according to the Stoics, one should act according to one's divine nature, which involves thought and action according to reason and virtue. When one follows one's divine nature, the only things which are considered valuable are those of which one has responsibility and control. These are limited to whatever is within oneself, in other words one's thoughts, choices, evaluations and actions. Everything else is categorised as externals or indifferents. Things outside one's sphere of control, are dependent on circumstances and fortune, and therefore they may be preferred, but not valued as good or bad in themselves, since they do not contribute to wellbeing and happiness.

Although this specific value theory is not outlined in CBT, unhelpful thinking styles are frequently related to inaccurate or unhelpful interpretations and value attribution. Unhelpful cognitions develop in equivalent ways in Stoicism and CBT. One is born with genetic features, some which we share with other species and some which are more advanced or according to the Stoics *divine*. In the beginning one's rational faculty is not fully developed and therefore one depends on instruction and experiences to develop the right habits and thought patterns. When one repeatedly engages in the misattribution of value and the misinterpretation of one's environment, one may develop unhelpful thinking styles which may result in unnecessary emotional distress.

Since both Stoicism and CBT argue that inaccurate cognitions and value attribution result in distress, it is important that one improve one's cognitions to reduce distress. Both approaches follow a similar procedure to habituate the modification of unhelpful cognitions. One needs to first increase one's awareness of these by thought monitoring. Then one needs to examine cognitions carefully using empiricism and reason. Alternative thinking helps one consider different perspectives and interpretations of the same situations, which facilitates the identification of more realistic ways of thinking. Some typical techniques which help this

process in both CBT and Stoicism include reattribution, considering the worst-case scenario, drawing positives out of negatives, and noticing double standards.

Following these generic features which are similar in CBT and Stoicism I narrow my focus down to a specific area of interest, that of core beliefs. I identify two ways of linking core beliefs in CBT to Stoicism. The first relates to their concept of *hexeis*, which is cognitive and attitudinal tendencies, which develop based on genetic and environmental factors. These are linked to *pathe* which are cognitive and emotional responses. Once one has developed a tendency to respond in a certain way, this biases one's cognitions and could become dysfunctional, causing distress.

The second way of linking core beliefs with Stoicism involves the notion of προλήψεις (*prolepseis),* which are innate dispositions to make judgements. I identify points of congruence with core beliefs, examples of which include 1) that they both involve an innate potential to form judgements, 2) that their development requires relevant experiences and judgements, 3) that they have a common function of providing a framework which guides one's thoughts, feelings, and behaviours, and 4) that inaccurate *prolepseis* and core beliefs result in distress and mental illness. Additional commonalities relate to factors which prevent one from developing perfect core beliefs and *prolepseis,* for example a prevalent animalistic part, inadequate instruction, inefficient capacity for alternative thinking and habits being resistant to change.

There are important similarities between *prolepseis* and core beliefs, however their differences are just as interesting. Some of these include that: 1) *prolepseis* are (or aim to be) mostly related to, what the Stoics would call, one's divine nature (rational ability), whereas negative core beliefs are to a large extent influenced by one's animalistic part. 2) *prolepseis* are better understood in terms of future goals, whereas core beliefs in terms of the influence of

the past. 3) *prolepseis* are improved via a normative *standard* of judgement, which is ambitious yet unattainable, whereas core beliefs are improved via a *process* of open-ended exploration, which is less ambitious but more achievable. Similarities between Stoicism and CBT indicate the therapeutic value of the Stoic tradition. Differences on the other hand, suggest ways in which these two theories could inform one another, for example CBT could increase its focus on teleological aims, whereas Stoicism could enhance its consideration of the impact of one's past on what one is psychologically capable of.

3. Values in Aristotle and CBT

The next area which I consider important for one's mental wellbeing and quality of life is that of values. Often the cause of one's struggles in therapy is that one's life circumstances are not in congruence with one's values. This is often due to a lack of awareness of one's values, unhelpful prioritization of values or being unable to engage in value congruent activities. This makes one feel discontent, dissatisfied, and could result in the development of a sense of personal failure. On top of one's perception of personal failure, if one believes that one is not adequate in terms of what is important in life, then one may develop certain unhelpful beliefs about what other people think of them. These attitudes can have a further impact on one's thoughts, feelings, and behaviours, leading to additional distress. This demonstrates that values are foundational to a person's mental health and therefore should have a significant role in therapy.

As mentioned, there are various philosophical theories which may be relevant to CBT and values. I choose Aristotle because he is an ancient philosopher who is well known for his work in this area. I consider him relevant to my argument and I believe that the comparison between his theoretical approach and CBT is interesting and important. Values clearly have an essential role in promoting one's mental wellbeing, however their presence in current CBT practice does not reflect this role. For this reason, comparing Aristotle and CBT would not only indicate the therapeutic utility of Aristotle's theory, but it may also highlight areas in which CBT could improve.

To conduct this comparison in a structured way, I present integral aspects of Aristotle's theory of value (Aristotle, 2001), whilst comparing them to equivalent notions in CBT. These

include 1) the definition of value and the nature of the human τέλος (*telos*) or end, 2) the essence of virtue, 3) methods of knowing what to do, and 4) value imprecision. Each of these areas has similarities with aspects of CBT. In both theoretical approaches, for example, something has value, if it is constitutive of the human *telos* or a meaningful and fulfilling life. According to Aristotle, the human *telos* is ευδαιμονία (*eudaimonia*), which is the highest form of human happiness (Aristotle, *Nicomachean Ethics*, 1097a). He determines the objective essence of this by seeking out traits which are uniquely human, concluding that it consists in activity according to one's rational and social faculties.

The end goal of CBT is in line with *eudaimonia*. In its most conservative form, it is reduction in distress, entailing an increase in wellbeing, which can be understood in terms of *eudaimonia* (Huppert, 2014). Just as rationality and social interactions are significant for *eudaimonia*, they are so for mental wellbeing. Unlike Aristotle, however, CBT is satisfied with a *subjective* account of the nature of wellbeing or happiness. In CBT there is no interest in seeking out a metaphysical justification of the constituents of happiness, like Aristotle does.

This difference is linked to another difference, which is related to the role of externals in *eudaimonia*. These include everything which is not directly related to one's rational faculty for example health, friends, family, honours, and wealth. According to Aristotle, externals are means of achieving the true human *telos*, which is activity in accordance with reason (virtue); whereas in CBT externals are the end goal, and activity in accordance with reason is the means to achieve them. An example of this is one being honest and loyal to promote meaningful relationships or being courageous and assertive to meet one's needs. This is understandable given the subjectivitst account of CBT. When one's desires are left unquestioned or at least not examined adequately, it makes sense that whatever gives pleasure or makes one feel good will be prioritized as valuable. In CBT the 'that' of values is accepted, and this is typically based

on a personal or social narrative of what is valuable instead of metaphysical considerations or objective realism.

To clarify the notion of virtue, which is constitutive of *eudaimonia* in Aristotle, he demonstrates that it involves feelings and behaviours which are not excessive or deficient. The resulting doctrine of the mean is congruent with CBT, since 1) excessive or deficient emotions and actions are often associated with mental health difficulties, and 2) approaching the mean is often the aim and outcome of therapy. To identify the mean in each situation, Aristotle recommends using induction and rational deliberation. In CBT the former resembles socialization, and the latter involves a similar process including 1) clarification of particulars and values, 2) prioritization of values, 3) identification of means to promote values, and 4) engagement in value congruent activities.

The final section is about value imprecision in Aristotle's ethics and CBT, which some consider problematic, and others do not. I examine the danger of value imprecision by conducting a risk assessment, involving 1) the likelihood of errors, and 2) the severity of them. This assessment suggests that value imprecision is problematic and needs to be resolved. Aristotle's solution involves theoretical examination, to determine a metaphysical justification of human values. CBT, conversely, shows no interest in examining one's values beyond one's subjective acceptance of them. This suggests a theoretical area in which CBT could improve. In other words, if in the context of the similarities identified, CBT has an intellectual debt to Aristotle, then it could benefit further by enhancing its consideration of teleological ends in terms of the justification of human values.

One could say that much of Aristotle's work contributes in one way or another to a better understanding and the pursuit of ultimate happiness (Aristotle, 2001). To determine the best life possible for humans, Aristotle acknowledges the need to know more about the world

and things in it. This suggests the importance of engagement in theoretical sciences like theology, philosophy, the natural sciences, and mathematics. In his practical sciences he examines particular areas of conduct for example ethics, household management, statesmanship and politics. Finally, in line with the understanding that to engage appropriately in theoretical and practical sciences, one needs to have one's basic needs met, Aristotle shows an interest in productive sciences like medicine, building and the arts. His appreciation of the need for a wide spectrum of knowledge from various disciplines leads him to write books which contribute to one's understanding of logic, dialectic and metaphysics; of science and philosophy of science; of psychology and philosophy of mind; and of ethics, politics and aesthetics. In this way he provides a comprehensive theory which supports his theory of human values and happiness.

When it comes to human evaluation, both in terms of what humans value and how humans are evaluated, the most relevant book is the Nicomachean Ethics. Here, Aristotle explores topics like what a human good is, or what the good life is, how one should live, what happiness is and what value is. For this reason, I mostly focus on the Nicomachean Ethics to conduct my comparison of Aristotle's theory of value with CBT.

3.1. The notion of value and the human *telos* in Aristotle and CBT

Aristotle identifies two types of value which are the good and the beautiful. He does not think that these are categories of value in which things are to be placed based on their qualities. Instead, something is good or valuable if it has a certain type of relatedness with a thing's *telos* (τέλος). Accordingly, human values are not good in themselves, rather they are so in terms of how they relate to the human *telos*. By *telos,* Aristotle means a thing's end, final goal, function or generally the purpose for the sake of which something exists.

A thing's *telos* is understood as its teleological or final cause. Everything has a function which it is made to serve, for example an eye is for seeing. This differs from its formal cause which is its capacity for a function (Aristotle, 2001). The formal cause of an eye, for example, is sight which, as a capacity, can exist even if it is not actualized. One still has eyes and sight in the dark, although one may not be able to see. The formal cause is a metaphysical ground of belonging to a kind, an eye is what it is because it has the capacity to see. When it comes to living beings, the formal cause is the capacity to perform certain life activities; actually performing them is the final cause (Rossen, 2014, p. 104). An axe for example, has the potential to chop wood, which is its formal cause, however it is only realizing its final cause when chopping wood. Johansen (2015) elaborates by noting that things go through changes and if there is a stage which is considered last or best then this is the end of 'that for the sake of which'.

A things *telos* is therefore a type of constitutive or defining limit like edges of a table. Courage for example, as a virtue limits a type of activity, but it also enables it to be fully what it is. This is not the same as a destructive limit like a broken leg is a limit to walking. It is more like a limit which determines definitions or functions.

In this context it is clear that value varies in complex ways, depending on the particulars of situations. To attribute value to something, one needs to be aware of how it relates to its telos. If something is constitutive of a thing's telos, it is valuable, if destructive then it is not. It is a contextual or relational type of realism, since somethings are sometimes truly good and other times truly harmful. As Achtenberg (2002, p. 69) comments, this is not just a difference in perspective or in subjective beliefs but also a factual difference in things in themselves. Skills and capacities are so complex there is no right way of doing something, instead it depends on the situation for example when skiing, sometimes it is constitutive to lean forward and other times it is destructive (Achtenberg, 2002, p.49).

In CBT values are considered in a similar light. Something is valuable if it contributes to something or is useful to something. The value of something is thought of as the importance, worth or usefulness that it is considered to deserve. These are understood in terms of goals or a purpose which they fulfil. When something is constitutive of a goal or purpose, one approaches it and wants to obtain it or live by it, when destructive one avoids it. Values are thus more like motivational features to guide behaviour instead of something that one can achieve. Goals are achievable and they can either be according to one's values or not. For example, if one values family relationships, the goal is to act in ways which improve or enhance these relationships. Values, therefore, influence one's judgements and actions, and function as principles, guides, or standards of behaviour.

When working with values in the context of CBT, one understands them as reflecting what one wants to be doing with one's life, or what contributes to a flourishing or meaningful life. Although the definition of a flourishing life is yet to be determined, this can be understood as one's purpose in life, or the fulfilment of one's potential, resembling the *telos* or final cause in Aristotle's account. In this context, values also function as criteria against which one evaluates one's life circumstances. When they reflect one's values, one feels satisfied, when not, then one is dissatisfied or distressed. This relates to another similarity with Aristotle's theory, that it is not enough to identify one's values, one also needs to live accordingly, by engaging in activities which are in congruence with these.

Goldman's (2018) categorization of human values further supports similarities between Aristotle and CBT in terms of their definition of value as relational to a human end or purpose. He separates values into those which contribute to pleasure, happiness, wellbeing and meaning. These are all constitutive of a fulfilling or purposeful life, which intuitively resembles the notion of final end or *telos* in Aristotle. They also represent values identified in CBT sessions. Pleasure includes basic hedonic and sensory pleasures, taking pleasure in various objects and

activities, having pleasant thoughts about them, and pleasure as a by-product of achieving other desires. Goldman considers happiness to be a more complex, multi-component structure which includes emotions, physical sensations, judgment, dispositions and more. Well-being mainly consists in the satisfaction of central rational desires, being the all-inclusive understanding of personal value or welfare. Goldman considers meaningful lives to be those in which events are part of a connected whole, linked temporally, causally, and interpretively, in such a way as to form coherent intelligible narratives (Goldman, 2018).

Focusing on the essence of the Aristotelian *telos* will help determine whether these similarities are deeply rooted, if for example this is equivalent to a notion of the end goal or purpose in terms of CBT. Since something has value depending on its relation to a thing's end, a better understanding of human values, requires an understanding of human ends. Aristotle notes that everything aims at a good or an end which is considered better than the activities or means by which it is achieved. There are many goods or ends, most of which are means to other ends; some which are also considered ends in themselves and if one is always only an end, then this is a final one:

> "In speaking of degrees of finality, we mean that a thing pursued as an end in itself is more final than one pursued as a means to something else, and that a thing never chosen as a means to a anything else is more final than things chosen both as ends in themselves and as means to that thing; and accordingly, a thing chosen always as an end and never as a means we call absolutely final." (Aristotle, *Nicomachean Ethics*, 1097a, 30)

He distinguishes between a good for something or someone (τινί) and the good simply speaking (απλός), which does not have to be good for something else, since it is so in itself

(Johansen, 2015). According to Aristotle, this final end, without which all one's pursuits would be empty and in vain (Richardson, 1992), is *eudaimonia* or happiness.

> "For this we choose always for itself and never for the sake of something else, but honour, pleasure, reason and every virtue we choose indeed for themselves, but we choose them also for the sake of happiness" (Aristotle, *Nicomachean Ethics*, 1097a)

Aristotle comments that although most people accept that the final end is happiness, there is not as much agreement about what happiness is.

> "For both the multitude and persons of refinement speak of it as Happiness and conceive 'the good life' or 'doing well' to be the same thing as 'being happy.' But what constitutes happiness is a matter of dispute; and the popular account of it is not the same as that given by the philosophers. Ordinary people identify it with some obvious and visible good, such as pleasure or wealth or honour—some say one thing and some another, indeed very often the same man says different things at different times" (Aristotle, *Nicomachean Ethics*, 1095a, 18-25)

Determining the essence of *eudaimonia*, is important for Aristotle since it constitutes the standard against which all things are evaluated, but also because this will increase the likelihood of achieving it. If one does not know what *eudaimonia* is, one will not know if one's attitudes and behaviours are in line with it. Or if one is mistaken about what *eudaimonia* is, then when striving to achieve it, one may be diverting from it instead of approaching it. The more one knows about *eudaimonia*, the more likely it is that one will be successfully directed towards it.

Looking at common beliefs about happiness, Aristotle distinguishes three types of happy lives. The first is the life of enjoyment which includes hedonistic and conventional

pleasures. This is linked to money, which is a means to other things, and therefore cannot constitute the final end. The second is that of politics which involves public honours, applying moral virtue and practical wisdom in regulating the state. Honour seems to be the end of the life of politics; however, it often depends on those who confer it. The Good on the other hand must be something that belongs to someone and not easily taken away. Virtue, he notes, is better than honour in the context of humans acting, however it is too incomplete. The third is the contemplative life and that of the philosopher. This life involves understanding of a thing by determining its essence, what its purpose is, its function and characteristic activity is. He considers the utmost good as thinking about thinking which is a divine activity.

> " whereas honour, pleasure, intelligence, and excellence in its various forms, we choose indeed for their own sakes (since we should be glad to have each of them although no extraneous advantage resulted from it), but we also choose them for the sake of happiness, in the belief that they will be a means to our securing it" (Aristotle, *Nicomachean Ethics*, 1097b)

None of these positive factors independently meet the criteria for being the final end or highest good which according to Aristotle must be self-sufficient, final, it must consist in activity, and it must be pleasant (Aristotle, *Nicomachean Ethics*, 1.7). He comments that there are conditional ends which we value because we are humans living with others, however the unconditional end is what makes it worth being human.

According to Aristotle the final cause of humans must consist in traits or functions which are uniquely human because these constitute the definition and substance of human beings. By providing the definitive limits of humans, they indicate what humans should do to fulfil their purpose. He considers the essence of humans to be related to their souls, not their bodies. He therefore examines the soul and determines that it consists in irrational and the

rational parts. The three elements of the soul include the vegetative which is irrational, the appetitive (desire) which partakes in both since it is amenable and obedient to the rational part, and reason which is purely rational. Specifically:

> "The mere act of living appears to be shared even by plants, whereas we are looking for the function peculiar to man; we must therefore set aside the vital activity of nutrition and growth. Next in the scale will come some form of sentient life; but this too appears to be shared by horses, oxen, and animals generally. There remains therefore what may be called the practical life of the rational part of man. (This part has two divisions one rational as obedient to principle, the other as possessing principle and exercising intelligence)" (Aristotle, *Nicomachean Ethics*, 1097b, 34)

His investigation concludes that only humans possess *logos* (λόγος) or rationality, which is the faculty that distinguishes right and wrong: "For this is peculiar to human beings in relation to the other animals, that a human being alone has perception of good and bad, just and unjust, and the rest" (Aristotle*, Politica*, 1253a15–18). Humans are also social, or *politikov* (πολιτικόν) beings with advanced social faculties which set them apart. These include advanced capacities to function effectively in a social setting, including those involved in morality and virtuous activity. The significance of one's social faculties is further evidenced by the observation that *logos* also describes anything verbal, and language requires other people (Long, Miller, Mozes, 2000, p. 49).

Given these definitive attributes, a truly good human life is characterized by reason and intelligent collaboration. These are understood not only instrumentally but as an intrinsic and constitutive part of a fully human life. A human life is good, therefore to the extent that it intrinsically integrates and demonstrates the *logos* that humans are in essence (Long, Miller, Mozes, 2000). The formal cause of humans is therefore to be a social and rational being, and

the final cause is to act accordingly, which entails using reason within a social context. In other words, the purpose, or final end of humans, and the essence of *eudaimonia*, is activity in accordance with one's rational and social faculties. Aristotle concludes that:

> "if we declare that the function of man is a certain form of life, and define that form of life as the exercise of the soul's faculties and activities in association with rational principle, and say that the function of a good man is to perform these activities well and rightly, and if a function is well performed when it is performed in accordance with its own proper excellence—from these premises it follows that the Good man is the active exercise of his soul's faculties in conformity with excellence or virtue, or if there be several human excellences or virtues, in conformity with the best and most perfect among them. Moreover, this activity must occupy a complete lifetime" (Aristotle, *Nicomachean Ethics*, 1098a, 15)

Eudaimonia involves pleasure, since when one fulfils one's final cause, this is also pleasant. Each time one acts according to one's definitive nature and purpose, one experiences a type of pleasure. The highest or best form of pleasure is that derived from activities in accordance with the highest or best traits.

> "But if so, actions in conformity with virtue must be essentially pleasant. But they are also of course both good and noble… It follows therefore that happiness is at once the best, the noblest, and the pleasantest of things" (Aristotle, *Nicomachean Ethics*, 1099a 20-23)

In terms of CBT, although a definition of the final *telos* of humans is not attempted, one can reasonably assume, that it would involve equivalent aspects to the notion of *eudaimonia*. Happiness or well-being has been described in terms of emotions, engagement, competence, meaningful relationships, contributing to a community and *eudaimonia* itself

(Huppert, 2014). Improvement in terms of wellbeing is reasonably in the direction of a flourishing life which can be understood as the final aim. This is in line with the values listed previously by Goldman including pleasure, happiness, wellbeing and meaning. Some basic aspects of a fulfilling and meaningful life include learning and achieving (Thorsteinsen, and Vittersø, 2018), positive and meaningful relationships with others, interactions within a supportive social network, approval from the group, being a part of a group, communication with others, living with dignity and integrity (Kiefer, 2008) all of which seem relevant to *eudaimonia*.

More importantly in terms of supporting a link between *eudaimonia* and CBT, acting according to reason is considered integral for the promotion of mental wellbeing in CBT. Thoughts, emotions, and behaviours interact, and they can result in contentment and mental wellbeing or distress and mental health difficulties. When one is distressed, this is often related to the impact of biasing, underlying beliefs and emotions which distort one's interpretations of reality. In this case one is often not thinking and acting according to reason. Distress is reduced by rationally re-evaluating one's interpretations via techniques such as cognitive restructuring and behavioural experiments. This indicates that improvement towards wellbeing and a flourishing life, involves use of one's rational faculties, which in Aristotle bring people closer to *eudaimonia*.

Similarly, effective and positive social interactions and pro social behaviours are important for the promotion of mental wellbeing and a flourishing life in terms of CBT (Beck, 2020). More relevant to Aristotle's account is the role of morality and ethics. These are important for one's mental wellbeing, even though they are not often a direct focus of therapy. When one has a clear understanding of what one's moral values are, one is more able to reflect efficiently on ethical dilemmas. This facilitates decision making which contributes to a sense of fulfilment and meaning. When clients are not fully aware of their values or have not spent

time reflecting on them, or they have conflicting values, then day to day ethical dilemmas and decisions can be less efficient (Paciello et al., 2013) and can lead to stress, anxiety, or feelings of helplessness (Vyskocilova et al., 2015). If one considers a flourishing life in CBT to constitute a type of end goal like the final cause in Aristotle's theory, a link can be made between a flourishing life in CBT and *eudaimonia* in Aristotle since progress towards it in both involves use of one's rational and social faculties, including moral behaviour.

Difference 1 objectivity. An important difference between the human *telos* in Aristotle and a wellbeing in CBT relates to the objectivity of these notions. As noted, Aristotle provides a naturalist objectivist account, turning to science and reason to empirically determine the true essence of the human final cause. CBT on the other hand, takes a subjectivist approach since whatever the client subjectively values, is what matters, without consideration about whether there is good enough reason for valuing it (MacLeod and Luzon, 2014).

According to Aristotle's account of the relationship between value and a thing's telos, in each situation there is an objective truth about what is valuable, or what one *should* value to achieve *eudaimonia.* The criterion being whatever is, to the greatest extent, constitutive of the human *telos*. In other words, whatever most reflects activity in accordance with one's rational and social faculties. This account is objective because its truth is independent of one believing it to be true (Davidson, 2001). Due to the number of particulars involved in a situation, one may never find out what the best course of action is. This however does not mean that an objectively true answer does not exist. As Aristotle notes regarding motion, something which is hard to understand may still exist (Aristotle, *Metaphysics*, 11.9 1066a26) and at times the issue is in the nature of the thing and not one's reasoning about it (Aristotle, *Metaphysics*, 995a30–31). In this context, according to Korsgaard's (1986) understanding of types of value theory, Aristotle's account is objectivist.

Korsgaard (1986) distinguishes three types of value theory relating to ends. 1) According to the subjectivist account, good ends are linked to a psychological state. Anything that one desires or is interested in, is good. This theory includes different types of hedonism. Things are good because people desire them. An advantage of this theory is that it is in congruence with people's natural inclination to take interest in certain things which contribute to their psychological and physiological constitutions.

2) Regarding objectivism, she agrees with Moore's (2005) understanding, in claiming that an end is good if it has intrinsic goodness in it, which is objective and nonrelational. In this case good objects have value which is independent of one's desires, interests, or pleasures. One ought to be interested in things which are inherently good. This account explains the strong belief that sometimes one has a desire for things that are *not* good. This at first sight seems to contradict what was stated earlier about value in Aristotle, specifically that a thing is not valuable intrinsically but relationally, depending on how it relates to *eudaimonia*. The end with intrinsic value however in his theory is *eudaimonia* itself. Also, in theory, if all relevant information is known and the best course of action is identified, then in this situation, that course of action is intrinsically and objectively good.

3) The rationalist theory combines the advantages of the other two since something is considered good if there is sufficient practical reason to justify it being so. One may initially consider something to be good (as in the subjectivist account), however then one needs to make sure that there is adequate justification to support the evaluation. If the reasons end up being inadequate, then the goodness of the object or situation will not be established (Korsgaard, 1986).

In the context of these types of value theory relating to ends, there is disagreement between researchers regarding the nature of Aristotle's value theory. Some argue that it is

subjectivist since value relates to personal human good. Moss (2011, 2012) for example, argues that discerning ends which are good, does not need the involvement of the rational part of the soul. She believes that non-rational experience (*phantasia*) is enough, along with habituated desire. She mainly finds support for her argument in *De Anima*, however in the Nicomachean Ethics the discussion around the importance of experiences, inductive processes and habituation seems to point in this direction. Others like Hamalainen (2015) argue that Aristotle's value theory is rationalist, since the rational part of the soul is required to determine which ends of desire are good. Both of these arguments are plausible, however in its ultimate form I find more convincing the argument that Aristotle's theory of value is a naturalist objectivist one. This is because he seeks out an empirical metaphysical foundation to identify an objective criterion of value.

One objection to this relates to Aristotle's critique of Plato's ideal *Good*. Aristotle comments that, even if there is an ideal good, objective, and independent, it would be unattainable or unachievable, whereas we want something attainable (Aristotle, *Nicomachean Ethics*, 1097, 5). Plato's ideal *Good,* however, is understood by Aristotle as entailing some sort of metaphysical transcendental entity, existing beyond the realm of nature, which is not in congruence with Aristotle's theory. I believe, however, that just because Aristotle's good is based on empiricism, this does not mean that it is not equally objective as Plato's ideal good. As mentioned, I consider his theory to be objectivist because what is valuable, and the final end, have a true nature which is independent of people's beliefs and desires. In other words, if according to his account, there is a true answer about what *eudaimonia* is, even if nobody has ever experienced it or even agrees with this, then it is objective. His account therefore may differ from Plato's without this excluding its objectivity.

To return to the comparison, if Aristotle's theory of value is objectivist, then this may indicate a difference with CBT which appears to adhere to a subjectivist account. This is

debatable, however, since the reason CBT is considered subjectivist is because it is interested in what clients value subjectively at the time of therapy (MacLeod and Luzon, 2014). CBT does not show an interest in metaphysical considerations about what one should value or has good reason to value. If this changed, however, perhaps CBT would identify similar metaphysical justifications as those of Aristotle. This is reasonable given other similarities identified and their preference of a scientific and empirical approach in terms of methodology. This difference therefore could be substantial, or it might reflect a theoretical gap in CBT.

Difference 2 externals. In any case, this leads to another difference between Aristotle and CBT which relates to the role of externals in human flourishing. Externals include all goods which provide pleasure and give meaning to one's life, however they are not directly linked to one's capacity for reason and virtue. Some examples include food, health, wealth, social status, family, friends, hobbies, and physical beauty (Cooper, 1985). Some researchers (Nussbaum, 2001) highlight that an advantage of Aristotle's theory of value, is that externals are an integral part of *eudaimonia* and human flourishing. This is partly evidenced by Aristotle's focus and extensive analysis of externals like family and friendship. One should not, however, confuse significance with true essence. Aristotle's definition of *eudaimonia* is that it is final, self-sufficient and consists in activity according to virtue (rational and social faculties) which does not require external goods.

In response to the disagreement about whether *eudaimonia* involves externals, or consists exclusively in theoretical examination, Everson (1998) argues that either Aristotle's ethics is inconsistent, or his theory is consistently implausible. Alternatively, Nussbaum (2001) argues, that one should consider book 10, which emphasizes theoretical examination, as an independent Platonic aside. I am not convinced that these are necessary conclusions. Aristotle consistently and clearly defines the human end, and therefore *eudaimonia,* as activity of the soul in accordance with one's rational and social faculties, which include virtuous action and

theoretical investigation. He also recognises, however, that due to human imperfection, one is not psychologically capable of achieving this. Externals facilitate one's ability to improve in light of the constituent elements of the uniquely human final cause. They are a means to *eudaimonia* and not a necessary or sufficient condition of it.

Another way to clarify the confusion is by understanding that there are different types or levels of pleasure and happiness. One derives pleasure and meaning from externals, which justifies one in considering these to be integral to *eudaimonia*. However, as Aristotle argued in his examination of the human good, these things are ends, however they are also means, and therefore they are not as good as the final end which is activity in accordance with one's rational and social faculties. Therefore, the pleasure associated with these is not *as good* as that associated with the fulfilment of one's final cause or *telos*. The pleasure which makes it worth being human, is the one associated with what makes one human. One can live a satisfactory, pleasurable, and happy life without achieving the highest form of pleasure. But if one wants to experience the highest form of pleasure, or *eudaimonia*, then Aristotle demonstrates that the way to achieve this is through actively engaging in practical and theoretical virtues. Not everyone requires this, desires it, or is even capable of it. Burger points out that according to Aristotle one only needs the 'the that' of human values which are longstanding opinions on the just and beautiful things. If one is satisfied with the 'that', one does not require the 'why' and therefore one does not need to engage in theoretical examinations or a deeper understanding of virtue (Burger, 2009, p.4).

Another point worth making about the role of externals is that Aristotle is practical and wants the final end to be relevant and attainable for all people. This encourages him to distinguish between determining a fully comprehensive, complete, objectively true theory or definition of *eudaimonia*, and a practical account of what one should do in terms of particular situations. Humans are not perfect, and their capacities are influenced by their upbringing.

Additionally, the human soul also consists in non-rational parts which need to be satisfied. Having one's basic needs met enables one to act according to reason and to pursue *eudaimonia*. The realistic goal for the majority, if not for everyone, is to improve in light of perfect *eudaimonia* and this realistically involves pursuing meaningful externals and living virtuously to the best of one's ability.

I cannot provide here a comprehensive analysis of the discussion around the role of externals in Aristotle's ethics, as the objective of this paper is the comparison between CBT and Aristotle in matters of value; however, it is worth mentioning some textual evidence about the role of externals, to further support the position that externals are not a necessary or sufficient condition of *eudaimonia*. This is important to the comparison because it indicates a significant difference between Aristotle's theory and CBT, as I shall demonstrate further down.

According to Aristotle, one needs externals, however, the supreme good is a type of character.

> "whereas the remaining good things are either merely indispensable conditions of happiness, or are of the nature of auxiliary means, and useful instrumentally… but the principal care of this science is to produce a certain character in the citizens, namely, to make them virtuous, and capable of performing noble actions." (Aristotle, *Nicomachean Ethics*, 1099b)

In other words, as Gasser-Wingate (2020) argues, some basic externals are preconditions to *eudaimonia* since they are requirements for any activity, for example food, water, and bodily health. Others are instrumental, because they make virtuous action more achievable, for example, one needs other people to exercise the virtues. This however does not mean that these externals are part of the essence of *eudaimonia*. Aristotle also argues that *eudaimonia* cannot be dependent on fortune, as externals are: "Whereas that the greatest and

noblest of all things should be left to fortune would be too contrary to the fitness of things." (Aristotle, *Nicomachean Ethics*, 1099b). Instead, one achieves *eudaimonia* by study or practice of a certain type of activity, resulting in a stable disposition which is not easily changeable depending on circumstances: "And if, as we said, a man's life is determined by his activities, no supremely happy man can ever become miserable" (Aristotle, *Nicomachean Ethics*, 1000).

Finally, as mentioned, externals are considered part of *eudaimonia* because they are a source of pleasure. Aristotle however argues, that when one has the right disposition to act in accordance with virtue, one also enjoys these actions, and therefore does not need pleasures of a different kind.

> "now for most men their pleasures are in conflict with one another because they are not by nature pleasant, but the lovers of what is noble find pleasant the things that are by nature pleasant, and virtuous actions are such….Their life, therefore, has no further need of pleasure as a sort of adventitious charm, but has its pleasure in itself" (Aristotle, *Nicomachean Ethics*, 1099a, 11-15)

This meets the criteria of *eudaimonia* being self-sufficient, an end in itself and final: "We take a self-sufficient thing to mean a thing which merely standing by itself alone renders life desirable and lacking in nothing" (Aristotle, *Nicomachean Ethics*, 1097b, 12). Following a discussion about the superiority of activities of the soul, Aristotle concludes that *eudaimonia* involves goods of the soul and not external ones, and that a happy man is one who *lives* or *does* well (Aristotle, *Nicomachean Ethics*, 1098b).

This conclusion is important in terms of the comparison between Aristotle's theory of value and that of CBT, because it indicates a difference between the two. Specifically, in Aristotle's ethics, externals are the means, whereas virtuous activity is the essence of *eudaimonia*. Conversely in CBT externals constitute ends in themselves. This becomes clear

when considering values identified in the literature and sessions of CBT, like those mentioned previously. Although not a comprehensive list, they typically include wealth and security; experiential values like beauty, art, love; relationship values including romantic, family, friends, and social approval; achievement values like creativity, careers, education, professional and personal growth; recreational values like leisure time activities, hobbies, charity and volunteering; and physical and mental health (Frankl, 1963; Vyskocilova et al., 2015). These are all Aristotelian externals.

Some CBT related values seem more relevant to Aristotle's definition, like those involving spirituality, attitudes towards meaningful relationships, or living with dignity and integrity (Kiefer, 2008). These, however, in the context of CBT, are better understood as conditions of mental health, which enable one to pursue other external goals. Rationality, morality, and pro-social behaviour in CBT have an instrumental role, since they facilitate the acquisition of externals like the ones listed. In other words, in CBT virtuous activity is the means to achieve externals. An example is of one being courageous (assertive) to meet one's needs or of being honest to secure a career or social approval.

This will become clearer in the next section which focuses on the essence of virtue. It is worth noting however that this difference is linked to objectivity in terms of the human *telos*. Without clear metaphysical criteria, CBT is limited to values which are *intuitively* perceived as constituting an ultimately flourishing life. These include externals which provide a higher type of pleasure, often because one has been brought up to consider these meaningful indicators of a flourishing life. Aristotle on the other hand, is able to surpass what *appears* to be of value, by determining what is truly of value, because of the metaphysical completeness and objectivity of his theory.

3.2. Virtues in Aristotle's ethics and CBT

Since activity according to virtue, is the constituent element of *eudaimonia*, it is important to understand what virtuous action is, so that this can be compared adequately with equivalent notions in CBT. For this purpose, Aristotle distinguishes intellectual virtues like scientific knowledge or philosophical wisdom, from moral virtues which are dispositions or states of character. He examines states of the soul and he observes that:

> "A state of the soul is either (1) an emotion, (2) a capacity, or (3) a disposition; virtue therefore must be one of these three things. By the emotions, I mean desire, anger, fear, confidence, envy, joy, friendship, hatred, longing, jealousy, pity; and generally, those states of consciousness which are accompanied by pleasure or pain. The capacities are the faculties in virtue of which we can be said to be liable to the emotions, for example, capable of feeling anger or pain or pity. The dispositions are the formed states of character in virtue of which we are well or ill-disposed in respect of the emotions; for instance, we have a bad disposition in regard to anger if we are disposed to get angry too violently or not violently enough, a good disposition if we habitually feel a moderate amount of anger; and similarly in respect of the other emotions". (Aristotle, *Nicomachean Ethics*, 1105a, 20)

Aristotle argues therefore that just like health, moral virtues are destroyed by excess and deficiency, whereas they are produced, increased, and preserved by appropriate quantities. "Virtue then is a settled disposition of the mind, determining the choice of actions and emotions, consisting essentially in the observance of the mean relative to us" (Aristotle, *Nicomachean Ethics*, 1106b). He mentions courage as an example, stating that if one fears everything then one becomes a coward, if nothing then one is rash. Similarly with temperance, if one over-indulges then one is profligate, but if one avoids all pleasure then one becomes

insensible. (Aristotle, *Nicomachean Ethics*, 1104). The mean in each case is determined by the particulars of the situation:

> "For example, one can be frightened or bold, feel desire or anger or pity, and experience pleasure and pain in general, either too much or too little, and in both cases wrongly; whereas to feel these feelings at the right time, on the right occasion, towards the right people, for the right purpose and in the right manner, is to feel the best amount of them, which is the mean amount—and the best amount is of course the mark of virtue. And similarly, there can be excess, deficiency, and the due mean in actions" (Aristotle, *Nicomachean Ethics*, 1106b, 18)

It is not enough however, that one acts according to the mean for one to be virtuous. One also must have the right character:

> "but acts done in conformity with the virtues are not done justly or temperately if they themselves are of a certain sort, but only if the agent also is in a certain state of mind when he does them: first he must act with knowledge; secondly he must deliberately choose the act, and choose it for its own sake; and thirdly the act must spring from a fixed and permanent disposition of character". (Aristotle, *Nicomachean Ethics*, 1105a, 28-33)

This means that in each situation there is an objectively determined virtuous action, which is constitutive of *eudaimonia,* and which consists in activity according to the mean. This is a necessary condition, not a sufficient one. This action will only be fully virtuous if it is performed for the right reason, which involves the virtuous disposition of the agent (Vasiliou, 2011).

If feeling and acting in accordance with virtue, or the mean, leads to a flourishing life and happiness, then the opposite, reasonably leads to discontent and distress. A link, therefore,

could be identified with CBT if 1) acting and feeling in excess or deficiency is associated with mental health difficulties, 2) CBT aims at helping one to feel and act according to the mean, and 3) a reduction in psychological distress correlates to one approaching the mean in emotions, attitudes, and behaviours. I believe that all three apply. An example supporting this is that the source of clients' rumination and anxiety, often relates to situations in which clients perceive that they over-reacted or did not react enough in terms of emotions and behaviours. In other words, having acted excessively or deficiently.

Additionally, the mean is based on one's rational and social faculties, which as mentioned are key to mental wellbeing in CBT. When one is not using one's rational faculty effectively, then one may be influenced by biases one is unaware of. In CBT for example core beliefs, like biases, result in unhelpful thinking styles which result in emotions which are not proportional or even accurate in the given circumstances. In other words, they are not the right "feelings at the right time, on the right occasion, towards the right people, for the right purpose and in the right manner, is to feel the best amount of them, which is the mean amount" (Aristotle, *Nicomachean Ethics*, 1106b 18).

For a relevant example, consider Marlein, a client who received constructive feedback at work. Without rational justification, she ignores the strengths which were highlighted, and she focuses intently on the one area in need of improvement. This makes her distressed because she is convinced that she will be fired. She feels fear towards her manager (not right people), even though it is unlikely that she will be fired at this time (not right time), or on this occasion (not right occasion). There is not sufficient reason for her to feel fear (not mean amount), and any fear felt should be proportionate to the feedback (not right manner), so that it is suitable to motivate her to improve (not right purpose).

It would be interesting to provide an in-depth analysis of how each mean or virtue relates to CBT and specific cases. Due to space restrictions, however, I shall mention some examples briefly. One virtue mentioned by Aristotle is that of courage which lies between fear and confidence: "he that exceeds in confidence is rash; he that exceeds in fear and is deficient in confidence is cowardly" (Aristotle, *Nicomachean Ethics*, 1107, 2-4)

Clients often seek out therapy or are allocated to CBT due to phobias or anxiety disorders. These are characterised by the experience of excessive anxiety or fear in response to an overestimation of the threat of certain stimuli. Therapy helps one to approach the mean, by facilitating more realistic and proportionate beliefs, emotions, and behaviours. The aim is not to eliminate anxiety since CBT acknowledges the importance of the fight or flight response and that it is a natural and helpful response. An absence of fear, or too little of it, is also considered defective. In the DSM 5 (American Psychiatric Association, 2013) one can identify personality disorders in which symptoms include a lack of normal functioning of fear response systems such as the fight or flight. The aim therefore is to have an appropriate or accurate fear response which is equivalent to the mean in Aristotle. Through exposure, cognitive restructuring, problem solving and other techniques, one improves by approaching this. In other words, one becomes more capable of feeling fear towards the right things, at the right time, in the right way for the right reasons.

In his discussion about anger, Aristotle outlines the role of cognition and reason. He notes that in cases of anger, reason is taken into consideration, however one is prone to make mistakes. He compares this to a dog that barks at a knock at the door, without waiting first to see if it is a friend or an enemy.

> "Similarly anger, owing to the heat and swiftness of its nature, hears, but does not hear the order given, and rushes off to take vengeance. When reason or imagination

> suggests that an insult or slight has been received, anger flares up at once" (Aristotle, *Nicomachean Ethics*, 1149a, 30-33)

This implies that there is an error in one's reasoning which results in excessive anger. In terms of CBT this resembles unhelpful thinking styles in anger management, which enable quick identification of threat, often erroneously.

When demonstrating that anger is natural, Aristotle provides the example of a man who was defending himself after beating his father:

> "Well, my father used to beat his father, and he used to beat his, and (pointing to his little boy) so will my son here beat me when he grows up; it runs in our family" (Aristotle, *Nicomachean Ethics*, 1149b 7-11)

This implies a role of genetics in anger management difficulties which is also acknowledged by CBT and relates to a combination of biological factors like an over-reactive fight or flight response and upbringing. In other words, in both Aristotle and CBT one's ability to act according to the mean is also influence by genetic factors. Other relevant aspects to mental health are incontinence which prevents one from acting according to the mean, and regret which accompanies excessive diversion from the mean:

> "there are two forms of unrestraint. The weak deliberate, but then are prevented by passion from keeping to their resolution; the impetuous are led by passion because they do not stop to deliberate: since some people withstand the attacks of passion, whether pleasant or painful, by feeling or seeing them coming, and rousing themselves, that is, their reasoning faculty, in advance… It is the quick and the excitable who are most liable to the impetuous form of unrestraint, because the former are too hasty and the latter too vehement to wait for reason, being prone to follow their imagination. (Aristotle, *Nicomachean Ethics*, 1150b, 17-27)

CBT also aims at enhancing one's ability to foresee these situations and to prepare via use of rational deliberation so that one is able to approach the mean more effectively. This involves self-awareness and self-regulation by taking a step back and reflecting on particulars before rushing into things. By having more control over thoughts and actions, one can avoid excess and deficiency. Relevant aspects of CBT which facilitate this include formulations, difficulty diagrams and maintaining cycles and factors, all of which help one to identify unhelpful patterns which are preventing one from approaching the mean.

Other similarities can be found which do not necessarily prove that CBT is founded in a theory of means, however they do indicate comparability in terms of how one might consider certain aspects of mental health difficulties in the context of excess and deficiency in Aristotle. He mentions a mean in social pleasantness which is wittiness, versus buffoonery and being boorish, or in terms of general pleasantness it is best to be friendly instead of overly flattering or quarrelsome. These examples are linked to social skills deficiencies in mental health difficulties. Some people who lack social skills are fine, however for other people this could lead to emotional difficulties like depression. Social anxiety and low self-esteem are linked to trying too hard in social situations in ways that backfire, or to being overly accommodating, people pleasing and thus lacking in assertiveness and not having one's own needs met, all of which are factors which could contribute to the maintenance of emotional difficulties. Clients can improve their interpersonal and social skills by engaging in CBT, in a way that one could argue resembles approaching the means in these areas. These are only a few examples of how these means might relate to traits relevant to mental health difficulties in CBT.

Some of the virtues or means mentioned by Aristotle, are easily linked to traits which are related to presentations in CBT, others are less obvious because they may play a less significant role in the development of mental health difficulties. Regarding truth about oneself Aristotle mentions truthfulness instead of boastfulness and self-depreciation. (Aristotle,

Nicomachean Ethics, 1107) This is an interesting one which resembles low self-esteem in CBT. The opposite could be linked to traits of narcissistic personality disorder, or perhaps an exaggeration in one's sense of self-importance or in one's abilities, which may be relevant to experiences of mania. Temperance is an appropriate response to pleasure and pain, which lies between profligacy and being insensible. This could be interpreted as relevant to CBT for substance misuse or other kinds of addiction. Excesses and deficiencies in other factors could contribute indirectly to negative emotions, emotional dysregulation, or interpersonal difficulties for example the case of liberality as a mean between prodigality and meanness, bashfulness and shameless with the mean being modesty, or envy and malice instead of righteous indignation.

Bellow, I present a brief and simplified outline of some examples of aspects of mental health difficulties which are equivalent to excess and deficiency in Aristotle:

Aristotelian means vs excess and deficiency	**Relevant difficulties treated with CBT**
Social pleasantness: **Wittiness** vs buffoonery and being boorish	Difficulties in social skills, overcompensating, social anxiety, vs avoidant, passive
General pleasantness: **Friendly** vs overly flattering or quarrelsome.	Difficulties in social skills people pleasing, lacking assertiveness vs confrontational, anti-social, high conflict
Self-awareness: **Truthfulness** vs boastfulness and self-deprecation	Low self-esteem vs narcissistic personality, mania
Pleasures: **Temperance** vs profligacy and insensibility	Substance misuse, addictions vs depression, anhedonia
Anger: **Gentle character** vs irascibility and spiritlessness	Anger management difficulties vs too complaisant/agreeable not getting needs met
Liberality vs prodigality and meanness, **modest** vs bashfulness and shamelessness, **righteous indignation** vs envy and malice	Factors contributing to mental health difficulties

It is worth pointing out, as mentioned, that in CBT one aims at appropriate behavioural and emotional dispositions to improve one's mental health, so that one can pursue one's values, which mostly consist of externals. For example, if one values family then one would need to behave appropriately towards family members. This is different to Aristotle, who recommends virtuous activity for its own sake.

Another area in which Aristotle's ethics and CBT converge relates to the role of habituation in acquiring and maintaining the mean and mental health.

> "intellectual virtue is for the most part both produced and increased by instruction, and therefore requires experience and time; whereas moral or ethical virtue is the product of habit (ethos)" (Aristotle, *Nicomachean Ethics*, 1103a, 15)

In both approaches, it is not enough that one knows what one should do, for example through theoretical examination, the observation of others or personal insight. One must also habituate these actions through repetition.

Aristotle notes that moral virtues are thus not innate within us, however they are also not in opposition to nature: "the faculties given us by nature are bestowed on us first in a potential form; we exhibit their actual exercise afterwards" (Aristotle, *Nicomachean Ethics*, 1103a, 28). In other words, one has the innate capacity to practice them and develop them and "this capacity is brought to maturity by habit" (Aristotle, *Nicomachean Ethics*, 1103a, 25). One becomes good at them by acting according to virtue. This is complicated however because often one is unsure about what action is according to the mean and therefore virtuous. Each action reinforces a habit which makes it easier to act accordingly in the future and harder to act opposingly. As Aristotle notes:

> "But not only are the virtues both generated and fostered on the one hand, and destroyed on the other, from and by the same actions, but they will also find their full exercise in the same actions". (Aristotle, *Nicomachean Ethics*, 1104a, 28)

When acting appropriately, a virtue is reinforced, and therefore so is the corresponding habit, making it thus easier for the person to act virtuously next time. For example, he notes, that one becomes temperate by abstaining from pleasures and at the same time one is more able to abstain from them when one is temperate. One is temperate if he abstains from bodily pleasures and finds this in itself enjoyable. This applies both for virtuous actions and non-virtuous actions, however, which means that if one erroneously thinks that one is acting virtuously, one will develop a habit which diverts from *eudaimonia*. Accordingly in CBT habits can be helpful or unhelpful and the more they are reinforced the harder it is to break them. Maladaptive habits often divert from wellbeing leading to mental health difficulties. It is therefore important to identify ways of knowing what to do, or what the mean is, so that one does not unintentionally divert from mental wellbeing and *eudaimonia*. In the next section I discuss methods of knowing what to do in Aristotle's value theory and I compare these to equivalent methods in CBT.

3.3. How do we know what to value?

Virtue, leading to *eudaimonia* is feeling and acting according to the mean. The question that arises now is how one determines what the mean is in each situation. In other words, how do we know what to do in each situation to ensure that we are acting according to the mean and therefore virtue. This is important since as mentioned, making a habit of the wrong kind of action can result in one diverting from *eudaimonia* according to Aristotle, or mental wellbeing according to CBT.

Induction. Achtenberg (2002), notes that according to Aristotle, awareness of value is a cognitive matter, and it is achieved by practical insight (*phronesis*), which involves witnessing relevant situations, and intellectual insight (*nous*), which involves a deeper understanding of the pattern or reasons. Determining the mean or what to do in each situation is an inductive inquiry which begins with what one knows and develops towards principles. This way of progressing also applies to other areas of cognition for Aristotle. That is from perception and insight into particular experiences, leading up to theoretical insight and knowledge of universals (Achtenberg, 2002, p. 133).

Practical nous is like the implicit grasp of a universal principle in particulars; and many of these insights produce a universal evaluation about the similarity in things. "Art arises when from many notions gained by experience, one universal judgement about a class of objects is produced" (Aristotle, *Metaphysics* 1.1. 981a, 5-6). In other words, practical nous has an insight into the principles which would in turn inductively point towards universal ends (Aristotle, *Nicomachean Ethics*, 6.11). In relation to this, in the Nicomachean ethics, Aristotle demonstrates the difference between demonstrative arguments which derive from principles and dialectical ones which are to principles. Ethics is an inductive, dialectical inquiry which begins with what we know and develops towards principles. In other words, "The fact is the starting point, and if this is sufficiently plain to him, he will not at the start need the reason as well" (Aristotle, *Nicomachean Ethics*, 1095b, 6-8). According to Aristotle the virtuous life is practical and composite, involving emotions, the body and the intellect. The virtue of intellectual insight on the other hand is contemplative and not composite therefore not practical.

In other words, according to Aristotle, one knows what to value or what the mean consists in, because one has seen it occur in many other situations. "Our meaning can be seen in the particular cases by induction, and we must not seek a definition of everything but be content to grasp the analogy" (Aristotle, *Metaphysics*, 1048a, 35). In this case, descriptive and

evaluative cases are linked to the same cognitive process. One considers something to be of value, and therefore should pursue it, because one has observed it as being valuable in similar situations. This relates to the heuristic importance of virtuous agents, who act as role models and guides in determining the most virtuous action in specific situations.

Similarly, in the context of CBT, knowledge of values or what one should do in each situation is typically obtained via induction. Through inductive processes such as formal and informal socialization, personal experience, observing others, narratives, books, and the media, one develops knowledge of what one should care about, right and wrong, appropriate and inappropriate ways of acting, thinking and feeling.

Rational deliberation. A second Aristotelian way to determine the mean, is via rational deliberation. In this context, to be able to understand what is good or virtuous in each case, one needs to be able to determine ends or goods and their constituents or ways of achieving them. Practical thought compares various perceivable ends which vary and conflict. It synthesizes these into other ends and then compares the value of these ends to further guide thought and behaviour. According to Aristotle this requires the faculty of deliberative imagination which enables one to combine various valuable particulars into one unified understanding of a flourishing life

> "Sensitive imagination, as we have said, is found in all animals, deliberative imagination only in those that are calculative; and there must be a single standard to measure by, for that is pursued which is greater. It follows that what acts in this way must be able to make a unity out of several images. (Aristotle, *De anima*, 3.11 434a5-10).

Achtenberg (2002) describes this process as involving 1) the identification of particulars and their value, through perception and perceptual imagination; 2) the identification

of means to achieve particulars and their constituents, through calculation and calculative imagination; and 3) the combination of these varied valuable particulars into a unified whole via deliberative imagination. If a particular is considered valuable as part of a whole flourishing life, then it becomes a source of motivation. She notes that McDowell (1979), Nussbaum (1992), and Sherman (1989) focus on the term 'salience' in this context whereas Salkever (1990) mentions balance of competing goods or of their importance and urgency.

People differ in their ability to deliberate correctly to achieve what is good in terms of overall flourishing.

> "But up to what point and to what extent a man must deviate before he becomes blameworthy it is not easy to determine by reasoning, any more than anything else that is perceived by the senses; such things depend on particular facts, and the decision rests with perception." (Aristotle, *Nicomachean Ethics*, 1109b, 20-23).

When one is practically insightful, one deliberates well and therefore can achieve what is good. This type of appropriateness is both about what conduces to ends and about ends themselves (Achtenberg, 2002, p.119). This is important because for correct deliberation one would need a certain type of awareness of something as an end or good. This would be a type of perception, understanding or appearance which would precede the rest of the process (Achtenberg, 2002, p. 31)

One aim in CBT, in terms of values, is to enhance one's ability to engage in a process which is equivalent to that just described. In CBT when focus is directed towards client's values, they are typically invited to develop a personal value system which includes a hierarchy of values which are important to them (Vyskocilova et al., 2015). The value system is then used for the development of a treatment plan or the identification of therapy goals (Heapy et al., 2018). It gives clients the opportunity to see if their thought patterns, behaviours, and

feelings are consistent with their values. There is an acknowledgement that values guide mental processes and behaviour, however sometimes through lack of awareness or difficulty habituating, other influential factors are more prevalent. Treatment includes changes in client's thoughts and behaviours which will encourage clients to step out of their comfort zones, and try to develop habits which are more consistent with, or directed towards, their values

In other words, like the process of rational deliberation in Aristotle, to determine what one should do, in CBT: 1) Initially one increases one's awareness of situations, by keeping relevant records, and of one's values by developing a hierarchy. 2) Then one identifies goals and means of promoting one's values. 3) these are explored in terms of a flourishing life, and once one has determined actions which are consistent with them, one practices CBT techniques to habituate them (Twohig and Crosby, 2008).

Although described as a cognitive endeavour, emotions are an integral part of perception and evaluation in Aristotle since they contribute to the framework through which one views the world (Nussbaum and Putnam, 1992). When one recognises the value qualities of something, an emotional response is triggered, which demonstrates that emotions have a cognitive element and role (Calhoun and Solomon 1984). When perceiving particulars as good then one experiences positive emotion and when bad, negative emotion. In this way emotions are ways of perceiving value. When one experiences an emotion in relation to something, for example love or hate, this implies that one has attributed value to it. Since emotions are ways of perceiving, they function as forms of rational orientation towards one's environment (Lear, 1988). As cognitive or intentional, emotions need to be cultivated. Emotional development involves cognitive development and increasing one's awareness. This suggests that ethical progress towards a virtuous disposition and therefore happiness is based on the development of one's emotions and intellect as a whole.

Ethical virtue is the developed capacity to make good choices. It is a stable disposition to choose well based on deliberate desire. By deliberate Aristotle means desire which has been informed and shaped by practical insight (phronesis). When it comes to virtue, good deliberation guides desire. He believes that when something is deconstructed into its parts, it misses something that made it a whole. For this reason, deconstructing results in a decrease in awareness or understanding of things which were part of a whole or a context (Achtenberg, 2002). The human good is virtue and happiness, and it is achieved via the development and exercise of our species-specific capacities for emotion and cognition (Achtenberg, 2002, p. 57) This is important because it implies opposition to the imaginative deconstruction of wholes which other theorists often opt for when attempting to identify ethical concepts or rules.

To further understand the significance of this Achtenberg (2002) mentions theorists who support the separation of emotions from cognition. Some ethical theorists imply that ethical virtue requires a decrease in awareness and a suppression or extinction of emotion or cognition. Freud and Marcus Aurelius, albeit for different reasons, consider that sometimes emotions are obstacles to one's ethical development and therefore they need to be repressed or rejected/dismissed. According to her, Kant also neglects emotions when emphasising the importance of one's rational faculty in the categorical imperative, whereas Hobbes believes that we need to channel them. On the other hand, she notes that Rousseau believes that virtue is pre-rational since reason diverts one from ethical action, and Nietzsche also agrees with the suppression of the constructed intellect (Achtenberg, 2002). In Aristotle, one who is continent may experience emotions which are in opposition with reason and may suppresses them or manage them. The virtuous person on the other hand, does not have desires or pleasures/emotions which go against reason, since they enjoy good activities themselves. In the second case, deliberation has the same object as desire.

According to Aristotle, therefore the opposite of separating and suppressing is necessary for the development of virtue. Through imaginative construction of wholes, one can see particulars in the context of the wholes they could construct. For example, food in terms of bodily health, activities in terms of life goals, and accordingly everything in terms of a flourishing life. This helps one understand what was meant previously by deliberation shaping emotions. It makes sense that one should desire and take pleasure in things which are part of a flourishing life and have aversion for things which are destructive and divert from it. In this way virtue results from developing emotions and desires in terms of a flourishing life. In cases of ethical virtue, one's desires are not related to what is good in the short term, but they are based on an understanding of an overall flourishing life and by the understanding that particular goods contribute to and are a part of that (Achtenberg, 2002, p. 30). In this context the goal is to develop the ability to have emotions and cognitions which will facilitate correct deliberation and desires according to goals which contribute to human flourishing instead of diverting from it.

Similarly, in CBT thoughts, feelings and behaviours are considered an interactive whole. Emotions are an integral part of cognition and perception since they often facilitate, crucial for survival, fast decision making. Early experiences are integral for the development of behaviours, thinking styles and emotional tendencies. Previous experiences, core beliefs, interactions, modelling, conditioning all have a role to play in clients' ability to deliberate and make decisions. A crucial part of CBT is breaking unhelpful habitual patterns and facilitating the habituation of new dispositions. It is well understood in CBT that cognition alone is not enough to result in change. One learns through experience as well as cognition, and experience is highly related to emotions, including pleasure and pain, and reinforcement and punishment. The aim therefore in both Aristotle's ethics and CBT is to develop emotions and cognitions

which will promote correct deliberation and desires, according to values which result in human flourishing instead of diverting from it.

To conclude, according to both Aristotle's theory and CBT, the two main methods of identifying the mean in each situation are induction and rational deliberation. One enhances one's ability to deliberate accurately by developing ones cognitive and emotional faculties as a whole. People differ in their ability to correctly identify the mean, and nobody is able to perfectly and consistently apply it. Instead, one tries to approach it by developing habits based on one's understanding of the mean, which is formed through induction of relevant experiences and rational deliberation. Despite the usefulness of these methods, due to the complexity of particulars, accurate and precise knowledge of the mean in every situation is difficult if not impossible. In the next section I explore this observation further, by examining value imprecision in Aristotle's ethics and I compare this to value imprecision in CBT.

3.4. Value imprecision in Aristotle's ethics and CBT

The analysis so far, demonstrates that Aristotle prioritizes knowledge of situational particulars, over knowledge of universals or rules. If rules, or a general account are developed to assist one's deliberation, these are not strict or authoritative, instead they function as a guide based on previous experiences, to facilitate the identification of salient aspects of situations. Aristotle acknowledges that this entails imprecision: "Our discussion will be adequate if it has as much clearness as the subject matter admits of, for precision is not to be sought for alike in all discussions" (Aristotle, *Nicomachean Ethics*, 1094b, 12-25)

According to Aristotle, virtue in the context of the value of particulars is not a scientific endeavour of theoretically identifying the truth. Instead, it is a practical inquiry which guides

action. In this case one only needs to know that something is good without knowing details about why.

> 'For the end of contemplative inquiry is truth while the end of practical inquiry is action. For if they consider how things stand, practical people do not contemplate the cause in itself, but what is in relation to something and how' (Aristotle, *Metaphysics,* 993b, 20-24)

This is also implied in the subjectivist approach which CBT takes in terms of values. There are no clear guidelines. With the help of the therapist, the client explores values in terms of their practical utility to promote the client's quality of life, without considering the objective justification of them. The 'why' of values is not particularly sought out beyond what experience or the norm teaches one. The 'right' values are dependent on the individual and are usually shaped by society and public opinion. It is not assumed that the therapist has more knowledge or more insight in this area. In terms of values, the therapist is just the facilitator of clients' exploration. The only 'why' sought out relates to what is helpful for the client currently. Clarification of clients' values is about helping them address their mental health struggles, not about approaching a universal truth, and this is fine.

Despite the lack of concern, demonstrated by Aristotle and CBT, about imprecision in values, some researchers believe that this is problematic. Anagnostopoulos (1994) for example, argues that inexact knowledge of value and virtue is dangerous since it may result in people diverting from it. In this case they will be harmed since they will move away from things constitutive of a flourishing life. Burger (2009) agrees that one needs to seek the 'why' beyond the 'that' in Aristotle, because good and just things are conceived of in various ways. They are thus often considered to be the result of convention, and not natural, therefore, to avoid errors further clarification is necessary.

Hursthouse (1991) acknowledges the imprecision and compares virtue ethics with other kinds of ethical theory to note that they are just as imprecise as Aristotle's theory. She points out that in Kantian ethics there is a link between right action and moral rule, and in Utilitarianism there is a link is between right action and good consequences. Accordingly, in virtue ethics right action is linked to virtuous agent. To increase precision, one then identifies what 'moral rule', 'positive consequences' and 'virtuous agent' are. She notes that a virtue is a trait that results in a human flourishing or living well. She further observes that rationality and happiness in the other theories are just as problematic as virtue is in Aristotle's (Hursthouse, 1991). This is a convincing argument; however, it simply demonstrates that popular ethical theories are similarly imprecise. This could mean that they are all lacking and therefore dangerous. Instead of a solution, it seems that the problem is generalised, which may suggest that the problem of imprecision is greater than originally thought.

Other researchers, agree with Aristotle and CBT in claiming that imprecision is not problematic. McDowell (1979) acknowledges that focusing on uncertain particulars is the only option in the context of an un-codifiable view of how to live, and he considers this fine. In Achtenberg's (2002) reading of Aristotle's theory of value, she emphasizes that someone who has less theoretical knowledge but more practical experience in the ethical sphere, is not less able and therefore imprecision does not have to lead to errors and difficulties. As Aristotle notes, one should focus on the undemonstrated saying of people with practical experience or insight, no less than to demonstrations themselves, because the eye of experience sees correctly (Aristotle, *Nicomachean Ethics*, 1143b)

3.4.1. The danger of imprecision

One way to determine whether value imprecision is dangerous is to conduct a risk assessment, which is an established method of evaluating risk. This is also used in CBT to regulate anxiety by rationally determining levels of threat. It involves a rational investigation of 1) the likelihood of the feared event or outcome occurring, 2) the severity of it if it does occur, and 3) available coping resources (Beck, Emery, and Greenberg, 2005). If in the case of value imprecision, the first two are high and the third is low, then errors resulting from imprecision in values are dangerous.

Likelihood of value misattribution. Regarding likelihood there are a few aspects of Aristotle's theory of value, which indicate increased susceptibility to error. Firstly, virtuous action is demanding and difficult to achieve. Rational deliberation as described is a complicated task involving calculating ends and making decisions based on an understanding of *eudaimonia*. Also, as noted by Aristotle, there is only *one* mean (virtue), whereas there are innumerable alternatives diverting more or less from it. Moreover, additional criteria must be met for an action to be virtuous, for example it must derive from a fixed and permanent disposition of character.

Another area which increases susceptibility to error relates to emotions and the non-rational part of humans. Humans derive pleasure from higher goods which relate to reason and virtue but also from lower goods which we share with animals. Bodily and perceptual pleasures are easily attainable and stronger reinforcers due to processes and neural networks, which have evolved from other species. When contrasting perceptual pleasures with pleasures of thought (*dianoia*) and contemplation (*theoria*), Aristotle notes that "we must in everything be most of all on our guard against what is pleasant; for when pleasure is on her trial, we are not impartial judges" (Aristotle, *Nicomachean Ethics*, 1109b, 6). Emotions, pleasure, and pain can inhibit the deliberative process and result in errors in perception, judgements, evaluations, and actions.

"For pleasure causes us to do base actions and pain causes us to abstain from doing noble actions" (Aristotle, *Nicomachean Ethics*, 1104b, 8).

The very nature of emotions is related to fast tracking decisions without careful and rational deliberation. This is important for survival, however when it comes to value attribution in modern society, it often results in inaccurate perceptions and evaluations. Aristotle's notion of *endoxa* is relevant here since things which were considered to be true, turn out to be only apparently so (Aristotle, *Topics*, 100b). Pleasure is a type of perception but also a type of appearance in relation to thought. As Aristotle notes:

> "men are corrupted through pleasures and pains, that is, either by pursuing and avoiding the wrong pleasures and pains, or by pursuing and avoiding them at the wrong time, or in the wrong manner, or in one of the other wrong ways under which errors of conduct can be logically classified" (Aristotle, *Nicomachean Ethics*, 1104b, 25)

Without proper reflection and deliberation, emotions can be misleading, a typical example of which in CBT is fear, resulting in the fight or flight response being triggered in situations which are not threatening. This may erroneously influence one's decision about whether something is destructive or constitutive of human flourishing. Clients, for example, may overestimate the threat that people at a gathering will judge them, and therefore decide to not attend gatherings.

Errors are also highly likely due to the role of upbringing in Aristotle's ethics and CBT. Without being exposed to situations involving virtuous actions, one cannot develop the ability. As Aristotle states:

> "In a word, our moral dispositions are formed as a result of the corresponding activities. Hence it is incumbent on us to control the character of our activities, since on the quality of these depends the quality of our dispositions. It is

> therefore not of small moment whether we are trained from childhood in one set of habits or another; on the contrary it is of very great, or rather of supreme, importance." (Aristotle, *Nicomachean Ethics*, 1103b, 20).

This is the most crucial time for learning and therefore the most important period for one to develop the right habits. According to Aristotle: "Hence the importance, as Plato points out, of having been definitely trained from childhood to like and dislike the proper things; this is what good education means". (Aristotle, *Nicomachean Ethics*, 1104b, 8)

Unfortunately, childhood is also the period during which one is most susceptible to errors since one's rational faculty is not fully developed. This is linked to errors in identifying virtuous agents as role models, which Aristotle recommends without adequate instruction on how to assess them. According to Aristotle and CBT, pleasure and pain are the standard for action regulation. Through the use of pleasure and pain, just like in classical and operant conditioning, behaviours are reinforced or diminished. If exposure to relevant experiences is not adequate, then upbringing will not be successful at providing the foundation upon which rational deliberation and virtuous action can develop. In this case obtaining a virtuous character will be extremely hard if not impossible.

As mentioned, virtuous agents as role models are important to guide accurate judgements and virtuous actions: As Aristotle notes: "what chiefly distinguishes the good man is that he sees the truth in each kind, being himself as it were the standard and measure of the noble and pleasant" (Aristotle, *Nicomachean Ethics*, 1113b, 1-5). The identification of modern virtuous agents is particularly tricky in the context of technological advancements and globalization. As Aristotle mentioned, at a young age one is unable to make accurate decisions about what a virtuous agent is, therefore it is likely that children will make mistakes in the role models they chose to look up to. Even in cases of role models who clearly approach Aristotle's

idea of a person with practical virtues, like Jesus, experience demonstrates that people are not very good at acting accordingly.

CBT also focuses on the consequences of inadequate upbringing. The role of environmental factors and upbringing has already been analysed previously. One example of this is the impact which early experiences have on perception and thinking patterns. Experiences lead to the development of core beliefs which if negative could result in unhelpful thinking styles and in mental health difficulties. If these are distorted then they will impact on rational deliberation, resulting in decisions based on inaccurate representations of reality.

Repeated experiences, perceptions, judgements, evaluations, and actions lead to corresponding tendencies. If one has been exposed to inaccuracies in these then this will lead to habits which will impact on one's ability for rational deliberation and virtuous actions. As Aristotle mentioned, each time one completes an action, this reinforces one's tendency to act that way again.

> "the actions from or through which any virtue is produced are the same as those through which it also is destroyed—just as is the case with skill in the arts, for both the good harpers and the bad ones are produced by harping" (Aristotle, *Nicomachean Ethics*, 1103b 6)

Once one has developed a habit, it is very difficult to change this. Which again indicates a high likelihood of getting things wrong in terms of perception, evaluation, action etc. Aristotle goes so far as to say that in the beginning unjust actions are voluntary, but once they become a strong habit, it seems that choosing to act justly is no longer an option:

> "Similarly, the unjust and profligate might at the outset have avoided becoming so, and therefore they are so voluntarily, although when they have become unjust and

profligate it is no longer open to them not to be so". (Aristotle, *Nicomachean Ethics*, 1114a 16-20)

The difficulty of overcoming behavioural and cognitive patterns is also recognised in CBT. Therapists collaboratively try to engage clients in new behaviours which they practice in an attempt to habituate them. Therapy is considered an initial step, however clients then need to continue to put effort in to try to maintain habits by reinforcing them through repeated action.

These areas of error susceptibility suggest that the likelihood of getting things wrong is high. This alone, however, is not sufficient to conclude that mistakes in values due to imprecision are dangerous. One would also need to consider the severity of their consequences.

Severity of value misattribution. Errors in value attribution can take the form of 1) attributing value to something which is not constitutive of flourishing, 2) not attributing value to something that is constitutive of flourishing, and 3) misattribution of salience or wrong prioritization of valuable things. It makes sense that these types of errors differ significantly in severity, depending on the particulars of the situation. The question then rises of how one knows if one has been making mistakes in value attribution or action in accordance with virtue. One way of finding out is by observing relevant consequences. Aristotle acknowledges that consequences will not always be clear, however in cases of significant diversion from appropriate values, they may be more apparent:

"However, we do not blame one who diverges a little from the right course, whether on the side of the too much or of the too little, but one who diverges more widely, for his error is noticed. Yet to what degree and how seriously a man must err to be blamed is not easy to define on principle. For in fact no object of perception is easy to define; and such questions of degree depend on particular

circumstances, and the decision lies with perception". (Aristotle, *Nicomachean Ethics*, 1109b, 18-22)

Since accurate deliberation, evaluation, and action lead to *eudaimonia* and flourishing, then the opposite reasonably results in dissatisfaction, and distressing diversion from the norm, which may take the form of mild or severe mental health difficulties. This indicates the first area of consequences, which relates to an increase in mental health difficulties. Dissatisfaction with life, or generally negative emotions and unhelpful thinking patterns can take various forms and levels of significance and impact on functioning. These can range from difficulties which do not have a severe impact on clients' life, like mild depression or anxiety, to debilitating disorders which prevent clients from completing basic daily tasks.

It could be argued that if one is not experiencing mental health difficulties, one can enjoy life despite making multiple errors in terms of value attribution and virtuous action. This is probably true; however, it is worth thinking about what the implications of this might be for other people, which Aristotle would remind us, is extremely important since we are *logikon* and *politikon* beings.

An overarching example is that of prioritising externals over action accordance with virtue. If for example an external such as money, is considered an end in itself, then other more valuable ends are neglected. The pursuit of individualistic goals relating to personal success and the accumulation of wealth at the detriment of others, is not in accordance with one's rational and social faculties, and therefore it is not constitutive of human flourishing.

To clarify this argument, one could imagine this on a smaller scale. Consider a family unit, with a mother who focuses exclusively on personal pleasure, neglecting and hurting those around her. She wastes the family income on luxurious items for herself, leaving her husband and children destitute. Out of fear of losing her luxuries, she is frequently unjust and deceitful,

and she ignores attempts of others to point out her errors. *She* is convinced of her happiness, however, this is not considered an overall flourishing life. The same applies to the world, albeit on a larger scale.

This points towards another area of consequences, apart from those for the individual, which relates to the wider public, extending from interpersonal relationships and local communities to countries and the world. Indications of the severity of erroneous values include local issues like racism, homophobia, inequality, crime, poverty and global issues like wars, death rates, hunger, and severe inequality in wealth distribution. An in-depth analysis of these issues is not within the scope of this paper, they are simply mentioned as potential consequences of inadequate value attribution and action.

The outcome of this risk assessment indicates that imprecision in terms of values is very likely, and the consequences are severe, with coping resources which are inadequate as demonstrated by wide-spread injustice and adversities. If imprecision is dangerous as this assessment implies, then resolving it seems like a worthwhile endeavour. This is attempted by Aristotle but not by CBT which indicates another interesting difference between the two. I discuss this in the next section on addressing imprecision in Aristotle's theory and CBT.

3.4.2. Addressing imprecision

The conclusion so far suggests that imprecision in Aristotle's ethics and CBT is dangerous and needs to be resolved. Anagnostopoulos (1994) considers two possible solutions. On the one hand, one could develop two disciplines relating to ethics. The first one would be practical and imprecise and the second one would be theoretical and precise. Alternatively, one could make the one discipline of ethics more precise, although he considers this unlikely if not

impossible since then ethics could not achieve its practical goals related to specific particulars (Anagnostopoulos 1994, 354-355).

Imprecision in Aristotle is partly resolved by observing virtuous others to know what one should do to, which is the 'that' of human values. This is important from a young age, so that one is exposed to actions in accordance with virtue, but also in adulthood one continues to observe and act according to individuals considered virtuous. For those however who are not completely satisfied with this, Aristotle recommends that they engage in theoretical activities and examinations to seek out the why of human values and virtue. In other words when observing virtuous agents is not enough, Aristotle addresses imprecision by recommending theoretical examination, involving other disciplines, to seek out further explanations (Achtenberg, 2002). The more one examines the 'why' of values, the closer one gets to a metaphysically justified objective criterion of value, which would eliminate imprecision. CBT on the other hand is limited to the first step of observing the 'that'.

In relation to this, Achtenberg (2002) notes that there are two types of imprecision in Aristotle, the first being inquiry imprecision and the second subject matter imprecision. The second makes sense since it is about practical daily decisions regarding value, which depend on the situation since different things have different completions or ends. Regarding inquiry imprecision, Achtenberg demonstrates that it can be resolved to a certain extent by using other disciplines to further one's understanding, for example physics, psychology, and metaphysics. This would lead to a universal or a concept about value which is specified in a certain way and which then has different applications depending on particulars. She argues that instead of trying to provide content to the universal, one should focus on which particulars are instances or applications of the universal (Achtenberg, 2002, p. 141). In other words, the imprecision of *that* statements is expectable, however, it can be eliminated in part by *why* statements,

identified in other areas of enquiry, which provide more in-depth knowledge and metaphysical explanations about value (Achtenberg, 2002, p. 87).

At this point it is worth briefly revisiting Korsgaard's (1986) account of types of theories of value, because the resolution of imprecision relates to the argument that ultimately Aristotle's theory of value is objectivist. She mentions that in objectivist theories one's inability to appropriately connect with the good is due to the gap between natural interest and the good itself. Whereas in rationalist accounts, this is due to humans having imperfect rationality (Korsgaard 1986, pp. 1-3). In this second case, improvement in this area can, theoretically at least, result in natural interest and the good itself coinciding. Korsgaard (1986) argues that there is an unconditional good or an ultimate end, otherwise the chain of means would result in an infinite regress of justifications. She notes that for Aristotle, practical reason has the task of identifying this final end and then of determining based on this, which conditional goods are justified. This differs from the objectivist account because objectivists support that intrinsic values cannot be argued for, instead they are known through intuition (Korsgaard, 1986, p. 4). I disagree that objectivist accounts can only be known through intuition which makes me tempted to adopt an alternative definition of objectivist which would not differ much from the rationalist account. I believe that Aristotle's theory is an objectivist account, since knowledge of the ultimate end and of the perfect criteria of value exists objectively and although it is very difficult to achieve (if not impossible), one can approach it through theoretical examinations. As Aristotle states, things can exist even if one cannot fully understand them.

CBT on the other hand does not show interest in resolving or reducing value imprecision. Values are accepted without much consideration into the 'why', especially those which are in congruence with social norms or the 'that'. If there is any *should* relating to values in CBT, it does not depend on in depth theoretical examinations or a metaphysical foundation, instead it relates to societal norms. In other words, values in CBT remain subjectivist and solely

known inductively through the experience of oneself, and other cases or people. In the process of developing knowledge, CBT does not go beyond the initial stage of gathering experiences inductively and reaching conclusions about universals. This can be problematic because it does not overcome the difficulties mentioned and therefore values are accepted to a certain extent uncritically. This leads to misattributions of value and to mistakes in attribution of salience to identified values, in other words in the hierarchy of values. I think that this gap in the exploration, examination and assessment of values, indicates certain areas in which CBT could improve. In the next section I discuss recommendations for CBT in the context of differences identified between Aristotle's theory of value and values in CBT.

3.4.3. *Considerations for CBT.*

As noted, Aristotle attempts to resolve imprecision in values, whereas CBT does not, a difference which indicates a theoretical area in which CBT could improve. Specifically, by enhancing its interest in philosophical or metaphysical considerations about human values. In CBT in terms of attribution of value, there is an unequal distribution of attention to specific areas but not others, allowing for errors in value prioritization. CBT acknowledges the importance of other disciplines and approaches for the promotion of mental health, and aspects of these are included in therapist training and therapy sessions. Examples include the role of neurobiological and physical features, one's upbringing and childhood experiences, systemic and cultural factors, family circumstances, and interpersonal relationships (Koch, Stewart, and Stuart, 2010). These factors relate to what Aristotle would call *efficient cause* (past/nature) instead of *final cause* (end/purpose).

In CBT therefore, there is a focus on efficient cause but not on final cause. Aristotle comments that metaphysical accounts which only focus on material and efficient cause, neglect

final cause and therefore cannot account for the beautiful or good. Material cause is incomplete without formal cause (since matter forms wholes), and efficient cause incomplete without final cause (since movement is not chaotic but orderly). According to Aristotle, without the final end, progress is directionless and potentially diverts from optimum circumstances.

One may argue that the reason there are no final causes in CBT is because they have been rejected from the rest of science in the context of the modern fact-value distinction. The natural sciences were purged of teleological notions and given their modern, naturalistic, empirical flavour. For this reason, one might object to their re-introduction to CBT which is a therapeutic approach which clearly opts for the scientific, naturalistic method. I believe that this point, further emphasizes the benefit of using Aristotle to explore and examine human values. It is clear that values are important in psychotherapy because of their role in mental health and wellbeing. For this reason, one could say that psychology and psychotherapy represent a special kind of science which is different to other disciplinaries which do not need to engage in such considerations.

I however do not think that this is the only way to approach this issue. Alternatively, I follow Aristotle in demonstrating that it is not impossible to use naturalistic empiricism and the scientific method to identify and improve values and final causes (also attempted by Railton, 1986). I acknowledge that many might reject this perspective and it may turn out to be objectively flawed (despite my current acceptance of it), however this is beyond the scope of this thesis. Here I only intend to demonstrate the comparability between an ancient philosopher who represents values and CBT, which implies that Aristotle's theory could provide insight to CBT in terms of teleological considerations and final causes.

In this context, I suggest that CBT could benefit from philosophy, to enhance its theoretical consideration of final causes and metaphysical examinations. This could take the

form of examining the whole versus parts, or not mistaking means for ends in themselves, by considering the importance of activity in accordance with virtue in comparison with external goods. Alternatively, CBT may prefer a different route to that provided by Aristotle to improve its theoretical justification of values. In any case the recommendation worth exploring is whether it would be beneficial for CBT if it did not ignore philosophy and metaphysical issues when it comes to values and human flourishing.

As mentioned, CBT therapists take other areas of clients' life into consideration (Cloninger, 2006). An important part of therapy, for example, is furthering clients understanding of adaptive processes which are based on neurobiological reactions, through psychoeducation like anxiety based on the fight or flight response; through guided discovery and psychoeducation clients learn about or become more aware of the role of caffeine, lack of sleep, not eating well and how these impact on brain chemistry and neural systems involving adrenaline, dopamine, serotonin. Therapists also have a basic understanding of psychopharmacology which is included in their training.

Other areas which are given consideration in individualised therapy include elements of social sciences. Having a holistic approach has resulted in therapists showing interest in systemic factors, family circumstances and interpersonal relationships. In addition to this culturally sensitive CBT is becoming more central in training (Skilbeck, Spanton, and Roylance, 2020). When therapists have gaps in their knowledge around clients' circumstances, they are expected to do research, speak to their supervisor and attend training to fill in the gaps. For example, when seeing a refugee who escaped war, therapists will look up basic information about relevant situations and conditions.

It is not expected that CBT therapists should specialise in all of these areas. It is just helpful to have a holistic understanding for the therapeutic alliance and for specific areas of

treatment, for example identifying hot thoughts and exploring core beliefs. There are other therapeutic approaches which focus specifically on some of these areas or all of them including interpersonal therapy, systemic therapy, psychiatry etc. The point is that these areas are recognised as important, and their impact is not ignored, even if they are not at the forefront of therapy. Interestingly there is a psychotherapeutic approach which is philosophically informed, that of existential psychology. This further indicates the need for CBT in general to take interest in philosophical issues particularly relating to values.

As mentioned previously, psychology and psychotherapy view the person as a whole and acknowledge the impact of various areas of a person's life on their wellbeing. The recommendation here is that philosophy and metaphysics should also be acknowledged as potential helpful areas. They could similarly contribute to the therapeutic process, especially in terms of human values. Clients experiencing depression and anxiety often speak about existential issues and thoughts around the meaning or point of life. Perhaps input from philosophical approaches to these issues could be helpful.

As Aristotle mentioned the final end is as important at determining right action, if not more than causal factors. In CBT there is a focus on what has made a person think, feel and behave a certain way, based on genetic features and experiences. Then exit points from cycles which maintain their difficulties are identified involving specific CBT techniques. However the final goal of what wellbeing or happiness consists in may be in need of further critical elaboration. More guidance on what one should value may be helpful. If not, at least guided discovery could focus more on whether what clients values are good for them in the Aristotelian sense. This would be particularly helpful for clients with existential issues, who resemble those mentioned by Aristotle, who dissatisfied with the 'that', also require the 'why'. Even if not used in practice during sessions, it would be beneficial if therapists were in a position to consider whether clients' values are constitutive to their flourishing or not.

An example of this is demonstrated in Hare's (1981) discussion with a man struggling due to the realisation that 'nothing matters'. This type of thought is often expressed in my therapeutic sessions, particularly in the context of depression. The man benefitted by a conceptual analysis of this claim, demonstrating that 'something does not matter' is the same as stating that 'one is not concerned about it'. Since humans are unavoidably beings which value things, it is impossible for one to not be concerned with anything. The source of value was thus moved from the thing itself, to what is means to the individual. Other examples of how therapists might use philosophy is an interesting area for future research.

Values therefore are or should be an integral part of therapy. Values make life meaningful, fulfilling or whole and when one's life does not reflect one's values, this could lead to mental health difficulties. Despite the importance of them values are not usually the direct focus of CBT at least not in an obvious way. Therapy usually proceeds by addressing thought processes, behaviours and emotional states, without the therapist taking time to collaboratively increase clients' awareness of their value system or to explore it. This paper contributes to the argument that clients would benefit from further work with values in CBT (Grumet and Fitzpatrick, 2016).

One could argue that by being goals focused, CBT is value focused since goals represent what clients value or consider important. Typically, however, these goals relate to very specific factors which are maintaining a person's difficulty. By being Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) (Wade, 2009), these goals involve very precise factors which are maintaining a person's difficulty, and therefore they are not often linked to a more generic value system. One example of this is the SMART goal of attending the gym 3 times per week, for a person who is depressed and struggling to get out of bed. This goal can be identified without consideration of what value it relates to, or indeed whether the value is justified.

Further indication that typical CBT does not focus adequately on one's values, is demonstrated by the development of Acceptance and Commitment Therapy (ACT). This is a third wave CBT approach, initially developed by Hayes (Wilson, Hayes, and Strosahl, 2003), an integral part of which is working with clients' values. In this therapeutic modality the goal is to increase psychological flexibility so that clients can act in accordance with their personal values despite adverse experiences like pain or distress (Wicksell et al, 2007). Act uses 6 core principles to help clients improve in this area, 2 of which include developing and exploring one's personal unique value system, setting goals in accordance with values and acting on these to promote a meaningful life. In ACT values are considered leading principles, providing direction and they are the result of choice which is based on a subjective understanding of what is important (Robb, 2007).

Although ACT is an option for clients who would benefit from a more values focused approach, CBT in general could improve by increasing the work done in relation to values. It is generally informative and important for both therapist and clients to have a good understanding of the role of values in mental wellbeing. Additionally, the exploration of what is important for the client to live a meaningful life can facilitate progress in techniques like Socratic dialogue and cognitive restructuring, in improving SMART goals, in increasing motivation to chance and having a more helpful and useful perspective on one's life in general. Focusing on clients' values also enhances the quality of individualised therapy and it benefits the therapeutic alliance since clients feel listened to and understood (Brabban et al. 2017)

To summarize, CBT could benefit by showing an interest in philosophical considerations about human values. Even if not directly using this information in sessions, it would be helpful for therapists to have a better understanding of metaphysical justifications of values. Alternatively, in response to the recognition of the importance of clients' values for

their mental wellbeing, CBT would benefit from increasing its overall engagement with values in therapeutic sessions.

Conclusion

In this chapter I reinforce the therapeutic utility of philosophy, by demonstrating similarities between Aristotle's ethics and CBT in terms of values. In each section I analyse aspects of Aristotle's theory of value, comparing them to equivalent ones in CBT. Value, according to both approaches, depends on whether something is constitutive of the human *telos*, or a fulfilling life. This is defined as *eudaimonia* or happiness in Aristotle, which is in congruence with similar aspects of wellbeing in CBT.

Aristotle seeks out the objective, true essence of *eudaimonia*. He concludes that it consists in activity according to one's rational and social faculties since these differentiate humans from other species. Conversely, CBT is satisfied with a subjective account of happiness as being whatever one considers it to be. This is linked to another difference between the two. According to Aristotle, external goods, like wealth and friends are instrumental for one to be able to engage in virtuous activity, which is the final human end. In CBT on the other hand, externals (and deriving pleasure) constitute the end goals, and virtuous activity is a way of achieving them. An example being that one is honest to secure friendships.

Aristotle understands virtue, as being the mean between excess and deficiency in attitudes, emotions, and actions. CBT tacitly holds an equivalent position since 1) mental health difficulties are often associated with excess or deficiency in emotions and behaviour, and 2) therapy often aims at, and results in, one approaching corresponding means. Another similarity is that in both Aristotle's ethics and CBT, one determines what one should do via 1) induction, or socialization, and 2) rational deliberation, or exploration of particulars and values.

The final area of comparison relates to imprecision which characterises both approaches. An assessment considering the likelihood of errors, and the severity of their consequences, suggests that value imprecision entails significant risk. This is partly addressed in Aristotle's theory by engaging in theoretical examination to determine a metaphysical criterion for value, which increases precision. CBT on the other hand does not show interest in reducing imprecision via metaphysical considerations, and it does not provide an alternative solution. This may indicate a theoretical area in which CBT could improve.

If this chapter has been convincing, the similarities identified contribute to the therapeutic value of Aristotle's ethics, and they suggest that CBT has an intellectual debt to Aristotle. The differences indicate an interesting way in which ancient thought around values is unlike modern thought, for example in terms of its enhanced ethical and teleological outlook. CBT could benefit from philosophy, to improve its teleological and metaphysical considerations around values.

In choosing Aristotle for my comparison, I am not denying that there are other philosophical approaches which may be equally or more useful than Aristotle in terms of therapeutic value or improving CBT. I believe, however that Aristotle is most relevant for the purpose of my thesis, not only because he is renowned for his theory of value but also because of his commitment to the scientific method, both of which are important for the discussion of values in CBT. I hope that this thesis is read as an invitation for further research on the comparison, contribution and utility of Aristotle, his successors, and other philosophical approaches, to the area of psychology and psychotherapy.

Overall conclusion

In this thesis I explore three important areas relating to mental health in the context of three ancient philosophical traditions, compared with CBT. I examine self-knowledge in Plato, because it has been argued that this is the intersection of Plato's work and the goal of all Socratic dialogues. I consider cognitions and thought restructuring in terms of Stoicism, because of the practical cognitive nature of the Stoic tradition and due to the recognition that cognitive therapy is rooted in Stoicism. Finally, I discuss values in the context of Aristotle since this is one of the most popular or prevalent topics of his work.

Regarding self-knowledge in Plato and CBT, I demonstrate several similarities which support substantial comparability of these two theoretical approaches. I focus on specific readings to compare these approaches which relate to 1) self-knowledge as self-constitution, 2) stages of improvement in self-knowledge, and 3) objectivity of self-knowledge. I elaborate on the latter by responding to an objection in the literature, which states that Plato is not comparable to CBT due to their difference in terms of objectivity in method and outcome. I argue that collaborative empiricism in CBT is just as objective as the dialectic process in Plato. Regarding objectivity in outcome, I argue that clients differ in their personal circumstances, which are subjective since they relate to the individual; this however does not exclude the objectivity of ultimate wellbeing, the optimum form of which can be understood as existing objectively, even if nobody has ever experienced it. I conclude the chapter by recommending that instead of considering self-knowledge in CBT to be a contemporary version of self-knowledge in Plato, I believe that they relate to different levels of progress in self-improvement. I introduce the idea of a spectrum ranging from the furthest one can be from

obtaining knowledge of the Forms and the Good, to the closest one can be. Self-knowledge in CBT is related to a lower level on the spectrum than self-knowledge in Plato.

In the second chapter, which relates to cognitions and beliefs in Stoicism and CBT, I present some of the most interesting points of congruence identified in the literature. My comparison initially takes place in the context of the role of thoughts in psychopathology and well-being, and of the development of cognitions. I then focus specifically on cognitive restructuring and ways of examining, evaluating, and correcting automatic thoughts. Many similarities are identified in techniques such as the reserve clause, drawing positives from negatives and the worst-case scenario method. Following this I explored an area often neglected in the literature comparing Stoicism and CBT, that of core beliefs. I compare specific factors related to the development, function, impact, and therapy of core beliefs to corresponding factors in Stoicism. When comparing core beliefs to *prolepseis* in Stoicism, I identify numerous similarities but also interesting differences. The latter include that 1) *prolepseis* are better understood in the context of one's divine nature, whereas CBT is linked to one's animalistic side; 2) errors and correction in *prolepseis* relate to teleological goals, whereas in CBT they relate to getting over past influences; and 3) in the context of *prolepseis*, specific guidelines dictate what one should value and do to achieve ultimate happiness, whereas in CBT individualism and personal preference are prevalent.

In the final chapter I provide an overview of Aristotle's theory of values whilst comparing it to CBT. I identify many points of congruence which reinforce the comparability of these approaches. I also present an interesting difference in terms of the role of reason, virtue and the externals in each. Specifically, in Aristotle externals are means to achieving the final end which is reason and virtue, whereas in CBT reason and virtue are means to the end which is constituted by externals. Other points of congruence are presented regarding the doctrine of the mean. I demonstrate that Aristotelian observations regarding extremes apply to types of

mental health disorders and their treatment. Finally, imprecision in Aristotle and CBT is explored and deemed problematic. The solution identified to reduce imprecision in Aristotle's theory involves metaphysical considerations which result in a criterion for the attribution of value. Similar considerations are absent from the theoretical approach of CBT, which is only interested in what clients subjectively value and what is helpful for them currently. This indicates an area in which CBT could improve. It seems that Aristotle has more to offer in terms of a comprehensive theoretical foundation, whereas CBT is more helpful in terms of what one is capable of achieving.

I believe that my analysis strengthens a connection between psychologically important factors in Plato, Stoicism and Aristotle, and corresponding factors in CBT. This attempt contributes to the overall comparison of philosophy and psychology in the literature. This comparison is of academic interest, however, more importantly it reinforces the recommendation of engaging in philosophy to improve one's mental health and wellbeing (Stammers and Pulvermacher, 2020; Gindi and Pilpel, 2014; Banicki, 2014; Rybar, 2008; Marinoff and Kapklein, 1999; etc.). This is significant in the context of an increase in mental health conditions and a lack of resources (Richards and Suckling, 2009).

This thesis also indicates areas in need of further research for example whether other areas of philosophy are similar to psychotherapy, the role of virtues in mental health, the role of self-knowledge in other psychotherapeutic modes and philosophical traditions, the nature and objectivity of mental wellbeing and happiness, and any research demonstrating that a refocus on the practical utility and significance of philosophy is long overdue.

References

Achtenberg, D., 2002. *Cognition of value in Aristotle's ethics: promise of enrichment, threat of destruction*. SUNY press.

Adolph, K.E., Kretch, K.S. and LoBue, V., 2014. Fear of heights in infants?. *Current directions in psychological science*, *23*(1), pp.60-66.

Ahbel-Rappe, S. 2018 "Socratic Wisdom and Platonic Knowledge in the Dialogues of Plato," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 63–80. doi: 10.1017/9781316877081.005.

Ambury, J. M. 2018 "Between Ascent and Descent: Self-Knowledge and Plato's Allegory of the Cave," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 81–96. doi: 10.1017/9781316877081.006.

Ambury, J. M. and German, A. (eds) 2018. *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press. doi: 10.1017/9781316877081.

American Psychiatric Association. 2013. Diagnostic and statistical manual of mental disorders (5th ed.)

Anagnostopoulos, G. 1994. *Aristotle's ethics on the Goals and Exactness of Ethics*. University of California Press.

Andreasen, N. C. 1997. Creativity and mental illness: Prevalence rates in writers and their first-degree relatives. *Eminent creativity, everyday creativity, and health*, 7-18.

Andrews, G. 1996, "Talk that works: the rise of cognitive behaviour therapy", *BMJ : British Medical Journal,* vol. 313, no. 7071, pp. 1501.

Annas, J., 2007. Ethics in stoic philosophy. *Phronesis*, *52*(1), pp.58-87.

Annas, Julia & Rowe, C. J. (2002). New Perspectives on Plato, Modern and Ancient. Harvard University Press.

Aurelius, M., 2006. Meditations. Translated by Martin Hammond.

Arch, J.J. and Craske, M.G., 2009. First-line treatment: A critical appraisal of cognitive behavioral therapy developments and alternatives. *Psychiatric Clinics*, *32*(3), pp.525-547.

Aristotle, 2001. Metaphysics, in: McKeon, R. ed. The Basic works of Aristotle. New York: The Modern Library.

Aristotle, 2001. Politics, in: McKeon, R. ed. The Basic works of Aristotle. New York: The Modern Library.

Aristotle's ethics 1956. Nicomachean Ethics, Translated by H Rackham. Introduction and notes by W. Heinemann. London: Harvard University Press.

Aristotle's ethics 2001. Nicomachean Ethics, in: McKeon, R. ed. The Basic works of Aristotle. New York: The Modern Library.

Banicki, K., 2014. Philosophy as Therapy: Towards a conceptual model. *Philosophical Papers*, *43*(1), pp.7-31. doi.org/10.1080/05568641.2014.901692

Baumeister, R.F., Tice, D.M. and Hutton, D.G., 1989. Self-presentational motivations and personality differences in self-esteem. *Journal of personality*, *57*(3), pp.547-579. https://doi.org/10.1111/j.1467-6494.1989.tb02384.x

Baumeister, D., Lightman, S.L. and Pariante, C.M., 2014. The interface of stress and the HPA axis in behavioural phenotypes of mental illness. In *Behavioral neurobiology of stress-related disorders* (pp. 13-24). Springer, Berlin, Heidelberg.

https://doi.org/10.1007/7854_2014_304

Beck, A.T., 1979. *Cognitive therapy and the emotional disorders*. Penguin.

Beck, A.T. ed., 1979. *Cognitive therapy of depression*. Guilford press.

Beck, J.S. and Beck, A.T., 1995. *Cognitive therapy: Basics and beyond*. New York: Guilford press.

Beck, A.T. and Bredemeier, K., 2016. A unified model of depression: Integrating clinical, cognitive, biological, and evolutionary perspectives. *Clinical Psychological Science*, *4*(4), pp.596-619.

Beck, A.T., Davis, D.D. and Freeman, A. eds., 2015. *Cognitive therapy of personality disorders*. Guilford Publications.

Beck, A.T., Emery, G. and Greenberg, R.L., 2005. *Anxiety disorders and phobias: A cognitive perspective*. basic Books.

Beck, J.S., 2020. *Cognitive behavior therapy: Basics and beyond*. Guilford Publications.

Bell, J., 2018. "A Toil-Loving Soul*," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 132–150. doi: 10.1017/9781316877081.009.

Belliotti, R.A., 2004. *Happiness is overrated*. Rowman & Littlefield.

Belsky, J. and Pluess, M., 2016. Differential susceptibility to environmental influences. *Developmental psychopathology*, pp.1-48. https://doi.org/10.1002/9781119125556.devpsy202

Belsky, J. and Pluess, M., 2009. Beyond diathesis stress: differential susceptibility to environmental influences. *Psychological bulletin*, *135*(6), p.885. https://doi.org/10.1037/a0017376

Blenkiron, P., 1999. Who is suitable for cognitive behavioural therapy?. *Journal of the Royal Society of Medicine*, *92*(5), pp.222-229.

Bloom, B.S., 1956. Taxonomy of educational objectives: The classification of educational goals. *Cognitive domain*.

Bonhöffer, A.F., 1890. *Epictet und die Stoa*. F. Enke.

Bortolotti, L., 2013. “Delusion,” in Stanford Encyclopedia of Philosophy, ed. E. N.Zalta , Stanford: Stanford University Press.

Brabban, A., Byrne, R., Longden, E., & Morrison, A. P. (2017). The importance of human relationships, ethicsand recovery-orientated values in the delivery of CBT for people with psychosis. *Psychosis, 9*(2), 157-166.

Bracha, H.S., 2004. Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response spectrum. *CNS spectrums*, *9*(9),pp.679-685. DOI: https://doi.org/10.1017/S1092852900001954

Burger, R., 2009. *Aristotle's Dialogue with Socrates: On the" Nicomachean Ethics"*. University of Chicago Press.

Calhoun, C., & Solomon, R. C. (1984). *What is an Emotion?: Classic Readings in Philosophical Psychology*. Oxford University Press.

Carruthers, P., 2011. *The opacity of mind: An integrative theory of self-knowledge*. OUP Oxford.

Castonguay, L.G., Constantino, M.J., McAleavey, A.A. and Goldfried, M.R., 2010. The therapeutic alliance in cognitive-behavioral therapy. *The therapeutic alliance: An evidence-based guide to practice*, pp.150-171.

Chartier, I.S. and Provencher, M.D., 2013. Behavioural activation for depression: Efficacy, effectiveness and dissemination. *Journal of affective disorders*, *145*(3), pp.292-299.

Cicero, M.T., 2021. *Tusculan disputations*. Fortress of the Mind Publications.

Clark, G.I. and Egan, S.J., 2015. The Socratic method in cognitive behavioural therapy: A narrative review. *Cognitive Therapy and Research*, *39*(6), pp.863-879.

https://doi.org/10.1007/s10608-015-9707-3

Cloninger, C.R., 2006. The science of well-being: an integrated approach to mental health and its disorders. *World psychiatry*, *5*(2), p.71.

Cohen, R.J., Swerdlik, M.E. and Phillips, S.M., 1996. *Psychological testing and assessment: An introduction to tests and measurement*. Mayfield Publishing Co.

Cohen, J.S., Edmunds, J.M., Brodman, D.M., Benjamin, C.L. and Kendall, P.C., 2013. Using self-monitoring: Implementation of collaborative empiricism in cognitive-behavioral therapy. *Cognitive and Behavioral Practice*, *20*(4), pp.419-428.

Connors, M.H. and Halligan, P.W., 2015. A cognitive account of belief: a tentative road map. *Frontiers in psychology*, *5*, p.1588. https://doi.org/10.3389/fpsyg.2014.01588

Cooper, J.M., 1985. Aristotle's ethics on the Goods of Fortune. *The Philosophical Review*, *94*(2), pp.173-196. https://doi.org/10.2307/2185427.

Corrie, S., Townend, M. and Cockx, A. eds., 2015. *Assessment and Case Formulation in Cognitive Behavioural Therapy*. SAGE.

Costa Jr, P.T. and McCrae, R.R., 1992. The five-factor model of personality and its relevance to personality disorders. *Journal of personality dsorders*, *6*(4), pp.343-359.

Cuijpers, P. and Gentili, C., 2017. Psychological treatments are as effective as pharmacotherapies in the treatment of adult depression: a summary from Randomized Clinical Trials and neuroscience evidence. *Research in Psychotherapy: Psychopathology, Process, and Outcome*, *20*(2).

Dattilio, F.M., 2010. *Cognitive-behavioral therapy with couples and families*. Guilford Publication

David, D., & Cristea, I., 2018. The new great psychotherapy debate: Scientific integrated psychotherapy vs. plurality. Why cognitive-behavior therapy is the gold standard in psychotherapy and a platform for scientific integrated psychotherapy. *Journal of Evidence-Based Psychotherapies*, *18*(2), 1. https://doi.org/10.24193/jebp.2018.2.11

Davidson, D., 2001. *Subjective, intersubjective, objective* (Vol. 3). Oxford University Press.

De Landazuri, M.C.O., 2015. The Development of Self-Knowledge in Plato's Philosophy/El desarrollo del autoconocimiento en la filosofía de Platón. *Logos: Anales des Seminario de Metafísica*, *48*, p.123.https://doi.org/10.5209/rev_ASEM.2015.v48.49277

De Vogel, C.J., 1963. Who was Socrates?. *Journal of the History of Philosophy*, *1*(2), pp.143-161.

Delsignore, A., Carraro, G., Mathier, F., Znoj, H. and Schnyder, U., 2008. Perceived responsibility for change as an outcome predictor in cognitive-behavioural group therapy. *British Journal of Clinical Psychology*, *47*(3), pp.281-293.

Dennett, D.C., 1989. *The intentional stance*. MIT press.

Di Francesco, M., Motterlini, M. and Colombo, M., 2007. In search of the neurobiological basis of decision making: explanation, reduction and emergence. *Functional neurology*, *22*(4), p.197.

Dillon, J.M. and Long, A.A. eds., 1996. *The question of" eclecticism": studies in later Greek philosophy* (Vol. 3). Univ of California Press.

Dozois, D.J. and Beck, A.T., 2008. Cognitive schemas, beliefs and assumptions. In *Risk factors in depression* (pp. 119-143). Elsevier.

Dozois, D.J. and Rnic, K., 2015. Core beliefs and self-schematic structure in depression. *Current Opinion in Psychology*, *4*, pp.98-103.

Dunn, H., Morrison, A.P. and Bentall, R.P., 2006. The relationship between patient suitability, therapeutic alliance, homework compliance and outcome in cognitive therapy for psychosis. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *13*(3), pp.145-152. https://doi.org/10.1002/cpp.481

Dyson, H., 2009. Prolepsis and Ennoia in the early Stoa. In *Prolepsis and Ennoia in the Early Stoa*. de Gruyter.

Eagly, A.H. and Chaiken, S., 1993. *The psychology of attitudes*. Harcourt brace Jovanovich college publishers.

Elkin, I., Shea, M.T., Watkins, J.T., Imber, S.D., Sotsky, S.M., Collins, J.F., Glass, D.R., Pilkonis, P.A., Leber, W.R., Docherty, J.P. and Fiester, S.J., 1989. National Institute of Mental Health treatment of depression collaborative research program: General effectiveness of treatments. *Archives of general psychiatry*, *46*(11), pp.971-982.

Elliot, A.J. and Thrash, T.M., 2002. Approach-avoidance motivation in personality: approach and avoidance temperaments and goals. *Journal of personality and social psychology*, *82*(5), p.804.

Epictetus, 1995, The Discourses, the Fragments, Handbook, trans. Robin Hard, ed. Christopher Gill. London: J.M. Dent.

Everson, S., 1998. Aristotle's ethics on nature and value. *Everson (1998b)*, pp.77-106.

Farber, B.A., 2006. *Self-disclosure in psychotherapy*. Guilford Press.

Farrell, J.M. and Shaw, I.A., 1994. Emotional awareness training: A prerequisite to effective cognitive-behavioral treatment of borderline personality disorder. *Cognitive and Behavioral Practice*, *1*(1), pp.71-91.

Fenn, K. and Byrne, M., 2013. The key principles of cognitive behavioural therapy. *InnovAiT*, *6*(9), pp.579-585.

Fletcher, P.C. and Frith, C.D., 2009. Perceiving is believing: a Bayesian approach to explaining the positive symptoms of schizophrenia. *Nature Reviews Neuroscience*, *10*(1), pp.48-58.

Frederiksen, L.W., 1975. Treatment of ruminative thinking by self-monitoring. *Journal of Behavior Therapy and Experimental Psychiatry*, *6*(3), pp.258-259.

Fumagalli, M. and Priori, A., 2012. Functional and clinical neuroanatomy of morality. *Brain*, *135*(7), pp.2006-2021.

Gaiser, K. 1969, 'Das zweifache Telos bei Aristoteles', in I. Düring (ed.), Naturphilosophie bei Aristoteles und Theophrast (4th Symposium Aristotelicum), Heidelberg 97–113.

Gasser-Wingate, M., 2020. Aristotle's ethics on self-sufficiency, external goods, and contemplation. *Archiv für Geschichte der Philosophie*, *102*(1), pp.1-28. https://doi.org/10.1515/agph-2020-1001

German, A. and Ambury, J. M., 2018, "Introduction: Self-Knowledge as Thematic Intersection," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 1–14. doi: 10.1017/9781316877081.001.

Gerson, L. P., 2018., "Self-Knowledge and the Good," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 15–29. doi: 10.1017/9781316877081.002.

Gibb, B.E., Butler, A.C. and Beck, J.S., 2003. Childhood abuse, depression, and anxiety in adult psychiatric outpatients. *Depression and anxiety*, *17*(4), pp.226-228.

Gilbert, P., 2002. Evolutionary approaches to psychopathology and cognitive therapy. *Journal of Cognitive Psychotherapy*, *16*(3), pp.263-294.DOI:10.1891/jcop.16.3.263.52515

Gilbert, P., 2016. *Human nature and suffering*. Routledge

Gilbert, P., 2002. Evolutionary approaches to psychopathology and cognitive therapy. *Journal of Cognitive Psychotherapy*, *16*(3), pp.263-294. DOI:10.1891/jcop.16.3.263.52515

Gilbert, P., 2016. *Human nature and suffering*. Routledge.

Gill, C., 2008. Self-Knowledge In Plato's Alcibiades. In *Reading Ancient Texts. Volume I: Presocratics and Plato* (pp. 95-112). Brill.

Gilovich, T., 1991. How We Know What Isn't So: The Fallibility of Human Reason in Everyday Life. New York, NY: The Free Press.

Gindi, S. and Pilpel, A., 2015. Bridging the Gap between Philosophy and Psychotherapy: An Outline for the Integration of Philosophical Counselling into Therapeutic Practice. *Journal Of Humanities Therapy*, *6*(2), 1-23.

Goldman, A.H., 2018. *Life's Values: Pleasure, Happiness, Well-Being, and Meaning*. Oxford University Press, USA.

Gopnik, A., 1993. How we know our minds: The illusion of first-person knowledge of intentionality. *Behavioral and Brain sciences*, *16*(1), pp.1-14.

Goucha, M. ed., 2007. Philosophy, A school of freedom: Teaching philosophy and learning to philosophize: Status and prospects.

Grant, A., Townend, M., Mills, J. and Cockx, A., 2008. *Assessment and case Formulation in cognitive behavioural therapy*. Sage.

Greenberger, D. and Padesky, C.A., 2015. *Mind over mood: Change how you feel by changing the way you think*. Guilford Publications.

Gregory, R.L., 2015. *Eye and brain: The psychology of seeing*. Princeton university press.

Gregory, B. and Peters, L., 2017. Changes in the self during cognitive behavioural therapy for social anxiety disorder: A systematic review. *Clinical Psychology Review*, *52*, pp.1-18. https://doi.org/10.1016/j.cpr.2016.11.008

Gresham, F.M., 1985. Utility of cognitive-behavioral procedures for social skills training with children: A critical review. *Journal of Abnormal Child Psychology*, *13*(3), 411-423. https://doi.org/10.1007/BF00912725

Griswold Jr, C.L. ed., 2010. *Self-knowledge in Plato's Phaedrus*. Penn State Press.

Groenendijk, L.F. and de Ruyter, D.J., 2009. Learning from Seneca: A Stoic perspective on the art of living and education. *Ethics and Education*, *4*(1), pp.81-92.

Grote, G. (2010), Theages. in *Plato and the Other Companions of Sokrates*. Cambridge: Cambridge University Press (Cambridge Library Collection - Classics), pp. 430–441. doi: 10.1017/CBO9780511707414.014.

Hadot, P., 1998. *The inner citadel: The meditations of Marcus Aurelius*. Harvard University Press.

Hagen, E.H., 2011. Evolutionary theories of depression: a critical review. *The Canadian Journal of Psychiatry*, *56*(12), pp.716-726. https://doi.org/10.1177/070674371105601203

Hamalainen, H., 2015. Aristotle on the cognition of value. *Journal of Ancient Philosophy*, *9*(1), pp.88-114.

Halligan, P. W. 2007. Belief and illness. Psychologist20, 358–361.

Halligan, P. and Oakley, D.A., 2000. Greatest myth of all. *New Scientist*, *168*(2265), pp.34-39.

Hare, R. M. 1981. 'Nothing Matters. *Life, Death, and Meaning: Key Philosophical Readings on the Big Questions*, 41-48.

Harris, R., 2006. Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia*, *12*(4).

Heapy, A. A., Wandner, L., Driscoll, M. A., LaChappelle, K., Czlapinski, R., Fenton, B. T., … & Kerns, R. D. (2018). Developing a typology of patient-generated behavioral goals for cognitive behavioral therapy for chronic pain (CBT-CP): Classification and predicting outcomes. *Journal of Behavioral Medicine, 41*(2), 174-185.

Henry, L.A. and Williams, R.M., 1997. Problems in conceptualization within cognitive therapy: an illustrative case study. *Clinical Psychology & Psychotherapy: An International Journal of Theory and Practice*, *4*(3), pp.201-213.

Heron, G. and Cassidy, C., 2018. Using practical philosophy to enhance the self-regulation of children in secure accommodation. *Emotional and Behavioural Difficulties*, *23*(3), pp.254-269. https://doi.org/10.1080/13632752.2018.1461469

Hinton, D.E. and Patel, A., 2017. Cultural adaptations of cognitive behavioral therapy. *Psychiatric Clinics*, *40*(4), pp.701-714. https://doi.org/10.1016/j.psc.2017.08.006

Hofmann, S.G., Asnaani, A., Vonk, I.J., Sawyer, A.T. and Fang, A., 2012. The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive therapy and research*, *36*(5), pp.427-440.

Huppert, F. A., 2014. The state of wellbeing science. *Concepts, measures, interventions, and policies: UK John Wiley & Sons*.

Hursthouse, R., 1991. Virtue theory and abortion. *Philosophy & Public Affairs*, pp.223-246. https://www.jstor.org/stable/2265432

Hyland, D. A., 2018. "Socratic Self-Knowledge and the Limits of Epistēmē," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 45–62. doi: 10.1017/9781316877081.004.

Hyland, P. and Boduszek, D., 2012. Resolving a difference between cognitive therapy and rational emotive behaviour therapy: Towards the development of an integrated CBT model of psychopathology. *Mental Health Review Journal*.

Ingram, R.E., Miranda, J. and Segal, Z.V., 1998. *Cognitive vulnerability to depression* (pp. 88-115). New York: Guilford Press.

Inwood, B., 1985. *Ethics and human action in early Stoicism*. Oxford [England]: Clarendon Press.

Jackson-McCabe, M., 2004. The Stoic theory of implanted *prolepseis*. *Phronesis*, *49*(4), pp.323-347.

James, I.A., Southam, L. and Blackburn, I.M., 2004. Schemas revisited. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *11*(6), pp.369-377. https://doi.org/10.1002/cpp.423

James, I.A. and Barton, S., 2004. Changing core beliefs with the continuum technique. *Behavioural and Cognitive Psychotherapy*, *32*(4), p.431.

Jirsa, J., 2009. Authenticity of the 'Alcibiades I: Some reflections. *Listy filologicke/Folia philologica*, pp.225-244.

Johansen, T.K., 2015. The two kinds of end in Aristotle: The view from the de Anima'.

John, S. and Segal, D.L., 2015. Case conceptualization. *The encyclopedia of clinical psychology*, pp.1-4.

Jowett, B., 1892. Timaeus in The dialogues of Plato, Oxford: Clarendon Press

Kaufman, J.C. ed., 2014. *Creativity and mental illness*. Cambridge University Press.

Kanfer, F.H., 1977. The many faces of self-control, or behavior modification changes its focus. *Behavioral self-management*, pp.1-48.

Karg, K., Burmeister, M., Shedden, K. and Sen, S., 2011. The serotonin transporter promoter variant (5-HTTLPR), stress, and depression meta-analysis revisited: evidence of genetic moderation. *Archives of general psychiatry*, *68*(5), pp.444-454.

Kaufman, J.C. ed., 2014. *Creativity and mental illness*. Cambridge University Press.

Keltner, D., & Harker, L. 1998. *The forms and functions of the nonverbal signal of shame.* In P. Gilbert & B. Andrews (Eds.), *Series in affective science. Shame: Interpersonal behavior, psychopathology, and culture*, p. 78–98. Oxford University Press.

Kendler, K.S., Myers, J. and Prescott, C.A., 2002. The etiology of phobias: an evaluation of the stress-diathesis model. *Archives of General Psychiatry*, *59*(3), pp.242-248. doi:10.1001/archpsyc.59.3.242

Kiefer, R.A., 2008. An integrative review of the concept of well-being. *Holistic Nursing Practice*, *22*(5), pp.244-252.

Kimble, M., Boxwala, M., Bean, W., Maletsky, K., Halper, J., Spollen, K. and Fleming, K., 2014. The impact of hypervigilance: Evidence for a forward feedback loop. *Journal of anxiety disorders*, *28*(2), pp.241-245. https://doi.org/10.1016/j.janxdis.2013.12.006

Koch, C., Stewart, A., & Stuart, A., 2010. Systemic aspects of CBT. *Oxford Guide to Surviving as a CBT Therapist*, 177.

Korotitsch, W.J. and Nelson-Gray, R.O., 1999. An overview of self-monitoring research in assessment and treatment. *Psychological Assessment*, *11*(4), p.415.

Korsgaard, C.M., 1986. Aristotle and Kant on the Source of Value. *Ethics*, *96*(3), pp.486-505.

Korzeniewski, B., 2020. Self-Consciousness as a Product of Biological Evolution. *Journal of Consciousness Studies*, *27*(7-8), pp.50-76.

Kraut, R. (1995). Soul Doctors [Review of *The Therapy of Desire: Theory and Practice in Hellenistic Ethics.*, by M. C. Nussbaum]. *Ethics*, *105*(3), 613–625. http://www.jstor.org/stable/2382145

Kraut, Richard, "Plato", *The Stanford Encyclopedia of Philosophy* (Spring 2022 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/spr2022/entries/plato/>.

Kruglanski, A.W. and Stroebe, W., 2005. The Influence of Beliefs and Goals on Attitudes: Issues of Structure, Function, and Dynamics. In The Handbook of Attitudes, eds D. Albarracín, B. T. Johnson, and M. P. Zanna. Mahwah, NJ: Lawrence Erlbaum Associates, p. 323–368

Lamont, P., 2007. "Critically thinking about paranormal belief," in Tall Tales about the Mind and Brain: Separating Fact from Fiction, ed.S. Della Sala (New York, NY: Oxford University Press), 23–35. https://doi:10.1093/acprof:oso/9780198568773.001.0001

Langdon, R., 2013. Folie à deux and its Lessons for Two-Factor Theorists. *Mind & language*, *28*(1), pp.72-82.

Langdon, R. and Bayne, T., 2010. Delusion and confabulation: Mistakes of perceiving, remembering and believing. *Cognitive Neuropsychiatry*, *15*(1-3), pp.319-345.

Law, D. and Jacob, J., 2013. *Goals and goal based outcomes (GBOs)*. London: CAMHS Press.

Lear, J., (1988). *Aristotle: the desire to understand*. Cambridge University Press.

Leichsenring, F., & Steinert, C. (2017). Is cognitive behavioral therapy the gold standard for psychotherapy?: The need for plurality in treatment and research. *Jama*, *318*(14), 1323-1324. doi:10.1001/jama.2017.13737

Long, A.A., 1986. *Hellenistic philosophy: Stoics, epicureans, sceptics*. Univ of California Press.

Machado Dias, Á., Karina Santos, A., Yuri Takeuchi, M. and Harumi Adania, C., 2009. Depression across the species. *The Open Psychiatry Journal*, *3*(1).

MacLeod, A.K. and Luzon, O., 2014. The place of psychological well-being in cognitive therapy. In *Increasing psychological well-being in clinical and educational settings* (pp. 41-55). Springer, Dordrecht.

Mahoney, M.J. and Thoresen, C.E., 1974. Behavioral self-control. *Self-control: Power to the person*, pp.20-26.

Malboeuf-Hurtubise, C., Léger-Goodes, T., Mageau, G.A., Joussemet, M., Herba, C., Chadi, N., Lefrançois, D., Camden, C., Bussières, È.L., Taylor, G. and Éthier, M.A., 2021. Philosophy for children and mindfulness during COVID-19: Results from a randomized cluster trial and

impact on mental health in elementary school students. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, *107*, p.110260. https://doi.org/10.1016/j.pnpbp.2021.110260

Maletzky, B.M., 1974. Behavior recording as treatment: A brief note. *Behavior Therapy*.

Marinoff, L., 2009. *The big questions: How philosophy can change your life*. A&C Black.

Marinoff, L. and Kapklein, C., 1999. *Plato, not prozac!: Applying philosophy to everyday problems*. New York: HarperCollins.

Marrin, B. (2018) "Self-Knowledge and the Use of the Self in the Platonic Theages," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 97–112. doi: 10.1017/9781316877081.007.

Maslow, A. and Frager, R., 1987. *Motivation And Personality*. New Delhi: Pearson Education.

McCoy, M. (2018) "Why Is Knowledge of Ignorance Good?" in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 169–185. doi: 10.1017/9781316877081.011.

McDowell, J., (1979). Virtue and reason. *The monist*, *62*(3), pp.331-350. https://doi.org/10.5840/monist197962319

McGinn, L.K. and Young, J.E., 1996. Schema-focused therapy.

McKay, R., 2012. Delusional inference. *Mind & Language*, *27*(3), pp.330-355.

McKeon, R. ed., 2009. *The basic works of Aristotle*. Modern Library.

McLellan, L.F., Peters, L. and Rapee, R.M., 2016. Measuring suitability for cognitive behavior therapy: A self-report measure. *Cognitive Therapy and Research*, *40*(5), pp.687-704.

McManus, F., Van Doorn, K. and Yiend, J., 2012. Examining the effects of thought records and behavioral experiments in instigating belief change. *Journal of Behavior Therapy and Experimental Psychiatry*, *43*(1), pp.540-547.

McTighe, K., 1984. Socrates on Desire for the Good and the Involuntariness of Wrongdoing:" Gorgias" 466a-468e. *Phronesis*, pp.193-236.

Mendez, M.F., 2009. The neurobiology of moral behavior: review and neuropsychiatric implications. *CNS spectrums*, *14*(11), pp.608-620.

Merlan, P., 1947. Form and content in Plato's philosophy. *Journal of the History of Ideas*, pp.406-430.

Milton, J., 2001. Psychoanalysis and cognitive behaviour therapy-Rival paradigms or common ground? *The International Journal of Psychoanalysis*, *82*(3), pp.431-447.

Monroe, S.M. and Simons, A.D., 1991. Diathesis-stress theories in the context of life stress research: implications for the depressive disorders. *Psychological bulletin*, *110*(3), p.406.

Moore, C., 2015. *Socrates and Self-Knowledge*. Cambridge: Cambridge University Press. doi: 10.1017/CBO9781316401248.

Moore, G.E., 2005. *Ethics: And" The Nature of Moral Philosophy"*. Clarendon Press.

Moran, R., 2012. *Authority and estrangement: An essay on self-knowledge*. Princeton University Press.

Moss, J., 2012. *Aristotle on the apparent good: Perception, phantasia, thought, and desire*. Oxford University Press on Demand.

Myhr, G., Jeanne Talbot J., Lawrence A., and Pinard, G., 2007. Suitability for short-term cognitive-behavioral therapy. *Journal of Cognitive Psychotherapy*, *21*(4), p.334.

Nehamas, A., 1999. *Virtues of authenticity: Essays on Plato and Socrates*. Princeton University Press.

Nelson, R.O. and Hayes, S.C., 1981. Theoretical explanations for reactivity in self-monitoring. *Behavior Modification*, *5*(1), pp.3-14.

Nettle, D., 2001. *Strong imagination: Madness, creativity and human nature*. Oxford University Press.

Newman, M.G., Zainal, N.H. and Hoyer, J., 2020. Cognitive-Behavioral Therapy (CBT) for Generalized Anxiety Disorder (GAD). *Generalized anxiety disorder and worrying: A comprehensive handbook for clinicians and researchers*, pp.203-230.

NICE, 2011. CG123: Common Mental Health Disorders: Identification and Pathways to Care. Retrieved from: www.nice.org.uk/nicemedia/live/ 13476/54520/54520.pdf

Nolen-Hoeksema, S., 1991. Responses to depression and their effects on the duration of depressive episodes. *Journal of abnormal psychology*, *100*(4), p.569.

Nordahl, H.M., Holthe, H. and Haugum, J.A., 2005. Early maladaptive schemas in patients with or without personality disorders: Does schema modification predict symptomatic relief?. *Clinical Psychology & Psychotherapy*, *12*(2), pp.142-149.

Nordenfelt, L., 1997. The stoic conception of mental disorder: the case of Cicero. *Philosophy, Psychiatry, & Psychology*, *4*(4), pp.285-291.

Nussbaum, M. C. (1994). *The therapy of desire: Theory and practice in Hellenistic ethics*. Princeton University Press.

Nussbaum, M.C., 2001. *The fragility of goodness: Luck and ethics in Greek tragedy and philosophy*. Cambridge University Press.

Nussbaum, M. C. & Putnam, H., 1992. Changing Aristotle's Mind. In M. C. Nussbaum & A. O. Rorty (eds.), *Essays on Aristotle's De Anima*. Clarendon Press. pp. 27-56.

Okamoto, A., Dattilio, F.M., Dobson, K.S. and Kazantzis, N., 2019. The therapeutic relationship in cognitive–behavioral therapy: Essential features and common challenges. *Practice Innovations*, *4*(2), 112. https://doi.org/10.1037/pri0000088

Otani, K., Suzuki, A., Matsumoto, Y. and Shirata, T., 2017. Relationship of negative and positive core beliefs about the self with dysfunctional attitudes in three aspects of life. *Neuropsychiatric disease and treatment*, *13*, p.2585.

Overholser, J.C., 1993. Elements of the Socratic method: I. Systematic questioning. *Psychotherapy: Theory, Research, Practice, Training*, *30*(1), p.67.

Paciello, M., Fida, R., Tramontano, C., Cole, E., Cerniglia, L. (2013). Moral dilemma in adolescence: The role of values, prosocial moral reasoning and moral disengagement in helping decision making. *European Journal of Developmental Psychology, 10*(2), 190-205.

Padesky, C.A., 1994. Schema change processes in cognitive therapy. *Clinical Psychology & Psychotherapy*, *1*(5), pp.267-278.

Parker, G., Roy, K., & Eyers, K. (2003). Cognitive behavior therapy for depression? Choose horses for courses. *American Journal of Psychiatry*, *160*(5), 825-834.

Penner, T. and Rowe, C., 2005. *Plato's Lysis*. Cambridge: Cambridge University Press

Perry, B.D., Pollard, R.A., Blakley, T.L., Baker, W.L. and Vigilante, D., 1995. Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits". *Infant mental health journal*, *16*(4), pp.271-291.

Peters, E., Joseph, S., Day, S. and Garety, P., 2004. Measuring delusional ideation: the 21-item Peters et al. Delusions Inventory (PDI). *Schizophrenia bulletin*, *30*(4), pp.1005-1022.

Plato 1997. Alcibiades. Translated by D. S. Hutchinson. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Apology. Translated by G. M. A. Grube. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Charmides. Translated by R. K. Sprague. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Gorgias. Translated by D. J. Zeyl. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Laches. Translated by R. K. Sprague. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Meno. Translated by G. M. A. Grube. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Phaedo. Translated by G. M. A. Grube. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Phaedrus. Translated by A. Nehamas and P. Woodruff. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Republic. Translated by G. M. A. Grube. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Sophist. Translated by N. P. White. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Timeaus. Translated by D. J. Zeyl. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Theaetetus. Translated by M. J. Levvet. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Theages. Translated by N. D. Smith. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plato 1997. Meno. Translated by G. M. A. Grube. Introduction and notes by J. M. Cooper. USA: Hackett Publishing Company.

Plomin, R., 1994. Nature, nurture, and social development. *Social Development*, *3*(1), pp.37-53. https://doi.org/10.1111/j.1467-9507.1994.tb00022.x

Premack, D., 2007. Human and animal cognition: Continuity and discontinuity. *Proceedings of the national academy of sciences*, *104*(35), 13861-13867. https://doi.org/10.1073/pnas.0706147104

Prior, W., 2012. *Unity and development in Plato's metaphysics*. Routledge.

Quickfall, A., 2021. Philosophical inquiry as a tool for well-being. In *Contemporary Approaches to Behaviour and Mental Health in the Classroom*, pp. 147-160. Routledge.

Rabel, R.J., 1981. Diseases of soul in Stoic psychology. *Greek, Roman, and Byzantine Studies*, *22*(4), pp.385-393.

Rachlin, H., 1974. Self-control. *Behaviorism*, *2*(1), pp.94-107.

Railton, P., 1986. Facts and values. *Philosophical Topics*, *14*(2), pp.5-31.

Rao, U., Chen, L.A., Bidesi, A.S., Shad, M.U., Thomas, M.A. and Hammen, C.L., 2010. Hippocampal changes associated with early-life adversity and vulnerability to depression. *Biological psychiatry*, *67*(4), pp.357-364.

Richards, D.A. and Suckling, R., 2009. Improving access to psychological therapies: Phase IV prospective cohort study. *British Journal of Clinical Psychology*, *48*(4), pp.377-396. https://doi.org/10.1037/pri0000088

Richardson, H.S., (1992). Degrees of finality and the highest good in Aristotle. *Journal of the History of Philosophy*, *30*(3), pp.327-352. doi:10.1353/hph.1992.0060.

Robb, H., 2007. Values as leading principles in Acceptance and Commitment Therapy. *International Journal of Behavioral Consultation and Therapy*, *3*(1), p.118. https://doi.org/10.1037/h0100170

Robertson, D., 2019. *The philosophy of cognitive-behavioural therapy (CBT): Stoic philosophy as rational and cognitive psychotherapy*. Routledge.

Rosati, A. G., Wobber, V., Hughes, K., & Santos, L. R. (2014). Comparative developmental psychology: how is human cognitive development unique?. *Evolutionary Psychology*, *12*(2), 147470491401200211. https://doi.org/10.1177/147470491401200211

Rosen, J., 2014. Essence and End in Aristotle. *Oxford Studies in Ancient Philosophy*, *46*, pp.73-107.

Rosenbloom, M.H., Schmahmann, J.D. and Price, B.H., 2012. The functional neuroanatomy of decision-making. *The Journal of neuropsychiatry and clinical neurosciences*, *24*(3), pp.266-277.

Rowe, C. and Morrison, D. R. 2010 "Self-Examination," in *The Cambridge Companion to Socrates*. Cambridge: Cambridge University Press (Cambridge Companions to Philosophy), pp. 201–214. doi:10.1017/CCOL9780521833424

Rybar, R., 2008. Philosophy as therapy and alternative medicine. *School and Health: Journal of Contemporary Discourse on School and Health Investigation*, *21*(3), 87-99.

Ryle, A. 2012. Critique of CBT and CAT. *Change for the better*, *4*, 1-8.

Sahakian, W.S., 1969. Stoic philosophical psychotherapy. *Journal of Individual Psychology*, *25*(1), p.32.

Salkever, S.G., 1990. Finding the Mean: Theory and Practice in Aristotelian Political. *Philosophy*.

Sanday, E. 2018. "Self-Knowledge in Plato's Symposium," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 186–205. doi: 10.1017/9781316877081.012.

Sandbach, F.H., 1930. Ennoia and Προαhψισ in the Stoic theory of knowledge. *The Classical Quarterly*, *24*(1), pp.44-51.

Sanders, N.M. and Sandler, H.M., 1966. *Classroom questions: What kinds?*. Harper & Row.

Schacter, D.L., Guerin, S.A. and Jacques, P.L.S., 2011. Memory distortion: An adaptive perspective. *Trends in cognitive sciences*, *15*(10), pp.467-474.

Schwartz, O.S., Dudgeon, P., Sheeber, L.B., Yap, M.B., Simmons, J.G. and Allen, N.B., 2012. Parental behaviors during family interactions predict changes in depression and anxiety symptoms during adolescence. *Journal of abnormal child psychology*, *40*(1), pp.59-71.

Schwitzgebel, E., 2010, "Belief," in The Stanford Encyclopedia of Philosophy, ed. E. N.Zalta. Stanford: Stanford University.

Sedley, D., 2016. An introduction to Plato's theory of forms. *Royal Institute of Philosophy Supplements*, *78*, pp.3-22.

Seneca, 2004, *Letters from a Stoic*, trans. Campbell R., London: Penguin

Seneca, & Reinhardt, T., 2009, Dialogues and Essays, Oxford University Press USA - OSO, Oxford.

Sherman, N., 1989. *The fabric of character: Aristotle's theory of virtue*. Clarendon Press.

Shettleworth, S. J., 2012. Modularity, comparative cognition and human uniqueness. *Philosophical Transactions of the Royal Society B: Biological Sciences*, *367*(1603), 2794-2802. https://doi.org/10.1098/rstb.2012.0211

Skilbeck, L., Spanton, C. and Roylance, I., 2020. Client-led culturally responsive CBT–integrating familism in the treatment of chronic depression: a case study. *The Cognitive Behaviour Therapist*, *13*. https://doi:10.1017/S1754470X20000471

Slavich, G.M., Monroe, S.M. and Gotlib, I.H., 2011. Early parental loss and depression history: Associations with recent life stress in major depressive disorder. *Journal of psychiatric research*, *45*(9), pp.1146-1152.

Sloman, L. and Gilbert, P., 2000. *Subordination and defeat: An evolutionary approach to mood disorders and their therapy*. Routledge.

Smoller, J.W., 2016. The genetics of stress-related disorders: PTSD, depression, and anxiety disorders. *Neuropsychopharmacology*, *41*(1), pp.297-319.

Sperber, D., 1997. Intuitive and reflective beliefs. *Mind & Language*, *12*(1), pp.67-83.

Stammers, S. and Pulvermacher, R., 2020. The value of doing philosophy in mental health contexts. *Medicine, Health Care and Philosophy*, *23*(4), 743-752. https://doi.org/10.1007/s11019-020-09961-4

Stevens, A. and Price, J., 2015. *Evolutionary psychiatry: A new beginning*. Routledge.

Strijbos, D. & Jongepier, F. 2018, "Self-Knowledge in Psychotherapy: Adopting a Dual Perspective on One's Own Mental States", *Philosophy, Psychiatry & Psychology: PPP,* vol. 25, no. 1, pp. 45-58.

Tarrant, H., 2018. "Philebus, Laws, and Self-Ignorance," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 223–236. doi: 10.1017/9781316877081.014.

Taylor, C. 1985. *Philosophical Papers*. Cambridge: Cambridge University Press. doi: 10.1017/CBO9781139173483.

Taylor, C.D., Bee, P. and Haddock, G., 2017. Does schema therapy change schemas and symptoms? A systematic review across mental health disorders. *Psychology and Psychotherapy: Theory, Research and Practice*, *90*(3), pp.456-479.

Tee, J. and Kazantzis, N., 2011. Collaborative empiricism in cognitive therapy: A definition and theory for the relationship construct. *Clinical Psychology: Science and Practice*, *18*(1), pp.47-61.

Thoresen, C. E., & Mahoney, M. J. (1974). Behavioral self-control. New York: Holt, Rinehart & Winston.

Thorsteinsen, K. and Vittersø, J., 2018. Striving for wellbeing: The different roles of hedonia and eudaimonia in goal pursuit and goal achievement. *International Journal of Wellbeing*, *8*(2).

Tuozzo, T. 2018. "Two Faces of Platonic Self-Knowledge: Alcibiades I and Charmides," in Ambury, J. M. and German, A. (eds) *Knowledge and Ignorance of Self in Platonic Philosophy*. Cambridge: Cambridge University Press, pp. 30–44. doi: 10.1017/9781316877081.003.

Twohig, M. P., & Crosby J. M., 2008. Values clarification. In W. T. O'Donohue & J. E. Fisher (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice (2nd ed., pp. 583-588). Hoboken, NJ: Wiley & Sons.*

Uher, R. and Zwicker, A., 2017. Etiology in psychiatry: embracing the reality of poly-gene-environmental causation of mental illness. *World Psychiatry*, *16*(2), pp.121-129. https://doi.org/10.1002/wps.20436

Vasiliou, I. 2011. Aristotle, agents, and actions. *Aristotle's Nicomachean Ethics: A Critical Guide*, 170-190.

Vyskocilova, J., Prasko, J., Ociskova, M., Sedlackova, Z. and Mozny, P., 2015. Values and values work in cognitive behavioral therapy. *Activitas Nervosa Superior Rediviva*, *57*(1–2), pp.40-48. https://doi.org/10.1016/j.eurpsy.2016.01.1660

Wade, D. T. (2009). Goal setting in rehabilitation: an overview of what, why and how. *Clinical rehabilitation*, *23*(4), 291-295.

Waltman, S.H., Frankel, S.A., Hall, B.C., Williston, M.A. and Jager-Hyman, S., 2019. Review and analysis of thought records: Creating a coding system. *Current Psychiatry Research and Reviews Formerly: Current Psychiatry Reviews*, *15*(1), pp.11-19.

Watson, G., 1966. The Stoic theory of knowledge. Belfast, Queens University

Wenzel, A., 2012. Modification of core beliefs in cognitive therapy. *Standard and innovative strategies in Cognitive Behavior Therapy*, pp.17-34.

Wilson, K.G., 2009. *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. New Harbinger Publications.

Wilson, K.G., Hayes, S. and Strosahl, K., 2003. Acceptance and commitment therapy: an experiential approach to behavior change.

Worley, P., 2018. Plato, metacognition and philosophy in schools. *Journal of Philosophy in Schools*, *5*(1).

Young, J.E., 1999. *Cognitive therapy for personality disorders: A schema-focused approach*. Professional Resource Press, 3rd ed. Florida.

Young, J.E., Klosko, J.S. and Weishaar, M.E., 2003. Schema therapy. *New York: Guilford*, *254*.

Zuckerman, M. 1999. *Diathesis-stress models.* In M. Zuckerman, *Vulnerability to psychopathology: A biosocial model* (p. 3–23). American Psychological Association. https://doi.org/10.1037/10316-001