

***REBT, Philosophy and Philosophical Counselling* Donald Robertson**

Introduction

One of the more philosophical forms of counselling (as opposed to forms of philosophical counselling) is Rational Emotive Behaviour Therapy (REBT), a popular form of cognitive therapy developed in the nineteen-fifties by the American psychologist Albert Ellis. It's currently championed in the UK by Windy Dryden, a prolific and well-known writer on psychotherapy and counselling. Although it claims to be philosophical, it can in fact be criticised from a philosophical perspective of being guilty a number of conceptual confusions. In the first part of this paper I will provide an overview of REBT, at the same time signposting ten such possible confusions. These confusions are perhaps not altogether surprising, since REBT has on the whole been developed primarily by psychologists rather than philosophers. Recently, however, philosophers have begun to take an active interest in developing new, philosophically more sophisticated versions of REBT. The most notable such theorist is perhaps Elliot Cohen, author of a chapter of *Essays on Philosophical Counselling* developing a 'logic-based' approach to REBT. In the second part of the paper I will consider Cohen's approach. Although this paper is in many ways critical of traditional REBT, its primary aim is not to argue against REBT but, more constructively, to further inter-disciplinary debate.

The development of REBT

This is how the *Albert Ellis Institute* defines REBT:

REBT is a practical, action-oriented approach to coping with problems and enhancing personal growth. REBT places a good deal of its focus on the *present*: on currently-held attitudes, painful emotions and maladaptive behaviours that can sabotage a fuller experience of life. REBT also provides people with an individualised set of proven techniques for helping them to solve problems. REBT practitioners work closely with people, seeking to help uncover their individual set of beliefs (attitudes, expectations and personal rules) that frequently lead to emotional distress. REBT then provides a variety of methods to help people reformulate their dysfunctional beliefs into more sensible, realistic and helpful ones by employing the powerful REBT technique called 'disputing.' Ultimately, REBT helps people to develop a philosophy and approach to living that can increase their effectiveness and happiness at work, in living successfully with others, in parenting and educational settings, in making our community and environment healthier, and in enhancing their own health and personal welfare.

(*Albert Ellis Institute Website*, <http://irebt.org/index.html>)

The REBT literature makes frequent use of terms like 'philosophy' and 'logic', although not many references to specific theories or thinkers. However, Ellis describes his main philosophical influences as: the Stoics Marcus Aurelius and Epictetus, Kant, Karl Popper, Bertrand Russell, Heidegger and Paul Tillich. As will become clear, it seems *to me* that REBT is more obviously indebted to the general culture of Scientific Positivism and

American Instrumentalist or Pragmatist philosophy of science than to any of the individual philosophers cited by Ellis.

Ellis began developing his own approach to therapy after disappointing experiences with various forms of psychoanalytic psychotherapy (1949-1955). After an abortive attempt at reframing psychoanalytic concepts in operationalist terms, he arrived at the typical conclusion that psychoanalysis was fundamentally unscientific, a pseudo-science. (In the fifties there was a sort of vogue for turning psychoanalysis into a form of behaviourism.) As an alternative to psychoanalysis, Ellis envisaged an approach to psychotherapy which drew closer to the practice of philosophy by openly disputing the irrationality of beliefs underlying clients' presenting problems. Dryden writes in one of his books,

Ellis began to realise that he had made the error of stressing a psychodynamic causation of psychological problems (namely that we are disturbed as a result of what happens to us in our early childhood); instead, he started to emphasise the philosophic causation of psychological problems (namely that we remain disturbed because we actively and in the present re-indoctrinate ourselves with our disturbance creating philosophies). From this point on he began to stress the importance that thoughts and philosophies (cognition) have in creating and maintaining psychological disturbance. (Dryden, 1984: 236)

Later, in response to criticism Ellis appears to have weakened this doctrine of cognitive causation, concluding that 'human thinking and emotions *are*, in some of their essences, the same thing, and that by changing the former one *does* change the latter' (quoted in Dryden, 1984). (This is something I'll return to later.) Perhaps as a consequence of this, Ellis became more eclectic and integrative in his approach to therapy, and so modern REBT incorporates a variety of techniques from other therapies. However, the emphasis on dysfunctional cognition as the main cause of presenting problems was never abandoned. According to another writer on REBT, Arnold Lazarus, transcripts and videos show that on average approximately 90% of REBT session time involves the disputation of irrational beliefs. For our purposes, then, REBT can be considered a *species* of the *genus* 'cognitive therapy', arguably the branch of cognitive therapy with the most obvious affinity to philosophical counselling.

REBT theory: The ABC model

The central tenet of REBT is the well-known 'ABC model' which Dryden and Ellis use as a schema to provide causal explanations of pathological emotions and irrational behaviour. The three elements of the schema are:

A: *Activating Event.*

An individual's perceptions and inferences concerning the events and conditions that impact upon him or her.

B: *Beliefs.*

The rational and irrational beliefs that an individual brings to bear upon specific activating events.

C: *Emotional and Behavioural Consequence.*¹

¹ Referred to as *emotional* consequences from henceforth, for the sake of brevity.

Irrational emotions or behaviours which result from 'faulty Beliefs' about the Activating Event. (q.v. Dryden & Yankura, 1994: 37)

Ellis attempts to distinguish REBT from other forms of cognitive therapy, on the following grounds. Whereas other cognitive therapists, such as Aaron Beck, tend to emphasise the pathological role of faulty cognitions concerning matters of *fact*, Ellis sees faulty cognitions concerning *value* as being more fundamental and of more therapeutic significance. I'll let Dryden elaborate:

A number of cognitive-behavioural theorists [...] have emphasised the role played by negatively distorted inferences in the genesis of emotional disturbance. The term 'inferences' is here used to refer mainly to the interpretations, causal attributions and predictions that people apply to their perceptions of their life conditions, their own behaviour and the behaviour of others [...]. While rational-emotive theory acknowledges that negatively distorted inferences can be *involved* in episodes of emotional disturbance, it does not assign them primacy with respect to causation. Ellis notes that inferences are generally non-evaluative in nature, and stresses that cognitions of an *evaluative* nature (that is, irrational beliefs and their associated derivatives) are usually at the root of most self-defeating emotions and behaviours. Importantly, Ellis has suggested that distorted inferences actually stem from irrational beliefs. [...] Thus an individual who subscribes to the irrational belief, 'I *must* have the love and approval of my friends', may be more likely to infer total dislike and disapproval from significant others when they even slightly deviate from accepting, caring behaviours. (Dryden & Yankura, 1994: 30-31)

Obviously, the terminology here is confusing. If by 'inference' Ellis means a descriptive cognition, a judgement of fact, and by 'belief' a prescriptive cognition, a judgement of value, he is guilty of a serious misnomer. In formal logic, as in common parlance, both 'inferences' and 'beliefs' can, of course, be either factual *or* evaluative. This tendency to use the language of workaday folk-psychology in a confusing and idiosyncratic manner is characteristic of REBT theory. (For example, terms like 'logic', 'belief', 'inference', 'hedonism', 'philosophy', 'cognition', 'demand', 'cause', and their cognates are all quietly divorced from their accepted usage.) I mention this criticism in passing because a philosopher in the Anglo-Saxon tradition might see REBT's tendency to play fast and loose with the meaning of ordinary language as a sure-fire road to conceptual confusion. This criticism is especially important because REBT is a highly didactic and directive therapy, e.g., Ellis gives his clients mini-lectures on REBT philosophy during their therapy sessions. (*Criticism 1*)

According to Ellis, then, so-called 'anti-empirical' inferences about the activating event are important, but irrational judgements of value are the 'real cause' of pathological emotions and behaviour. For REBT, these irrational beliefs are primarily rigid and absolute demands. Common examples are beliefs stated as 'I must...', 'I should...', 'I ought to...', 'I have to...'. Ellis calls these categorical beliefs 'absolutistic demands' and contrasts them with 'desires' which are, he says, 'less rigid'. The perpetuation of these kind of irrational absolute demands he calls 'musterbation'. (This kind of embarrassing jargon has probably put a lot of people off REBT.) When these rigid demands are frustrated the situation may be 'rated' or evaluated as 'awful', it becomes the object of

absolutely negative evaluation, something called 'awfulising'. Belief that the Activating Event is 'awful', or entails something awful, inevitably causes distress: this is the general structure of neurotic unhappiness. The ultimate aim of REBT, then, is a 'profound philosophic change' in which the client is persuaded to surrender this 'demanding' philosophy and replace it with the 'desiring' philosophy endorsed by Ellis and Dryden (Dryden, 1984: 254).

Again, in passing I would point to the fact that Ellis appears to translate conative concepts like 'demand' and 'desire' into cognitive terms, into beliefs about what must be the case, or about what is desirable. I can only say that this brings him into the heart of a very thorny philosophical problem about psychological predicates and self-knowledge. When we say that I *believe* something without knowing that I believe it, or that I experience it first and foremost as a demand *rather than* as a belief, is the concept of 'belief' *logically identical* in both cases or is an important asymmetry being obscured? (These problems are on a par with the philosophical wrangle surrounding the psychoanalytic concept of the unconscious, a debate taken very seriously by psychoanalysts.) Again, this point is important insofar as other psychotherapies see fundamental distortions in the phenomenology of self-consciousness as part and parcel of psychopathology. (*Criticism 2*)

Ellis attempts to contrast REBT with psychoanalysis by placing more emphasis on the present perpetuation of psychological disturbance than on its original cause. There are many ways in which individuals perpetuate their misery in the present, but most fundamentally it is by failing to recognise what Ellis calls the 'three insights of REBT'. 'REBT Insight 1' is the fact that the client's emotional distress (C) is the consequence *not* of the situation (A) but of their evaluative beliefs about their situation (B); emphasis is therefore placed upon the client's responsibility for their condition. 'REBT Insight 2' is the fact that people are actively re-indoctrinating themselves by compulsively repeating cognate irrational evaluative beliefs to themselves in the present; clients are therefore considered to be responsible for constantly perpetuating their condition. 'REBT Insight 3' is that only by constant work and practice in the present can the client change irrational beliefs, not 'by devoting their time to trying to find out *why* and *how* they adopted such beliefs' (Dryden, 1984: 243). According to Dryden, 'People who have all three insights see clearly that just acknowledging that a belief is irrational is insufficient for change to take place.' (Dryden, 1984: 243). This clearly implies that REBT sees disputation alone as an *insufficient* means to effect beneficial changes in the client's philosophical worldview. In general disputation will serve as a necessary and lengthy (remember 90%) preliminary to a process of behavioural and emotional 'working through' in which the client rehearses his new beliefs, in imagination or *in vivo*, until he has fully assimilated them into his way of life and made the transition from 'intellectual insight' to 'emotional insight'. This process of 'working through' seems to involve, for example, techniques assimilated from behaviour therapy. If Dryden is right that rational disputation alone does not benefit clients, what implications does this have for philosophical counselling? If we are to take Dryden at his word *pure* philosophical insight *cannot* be genuinely beneficial; after 50 minutes of Socratic argie bargie the client needs to go home to rehearse patting a frog, or else it's all been time wasted. Either that or REBT is guilty of a seriously exaggerated pathologising of client's life problems, a gross overgeneralization. *Outside* the consulting room *informal* self-critical reflection (and dialogue) helps people deal with emotional problems every day, it always has done, although it may not always help *everyone*. (*Criticism 3*)

REBT, therefore, aims to instil clients with these three 'insights' so that they can proceed with the psychotherapeutic work of replacing their evaluative beliefs about the activating event, with more 'rational' beliefs. Reluctance to accept the three 'insights' is

seen as an avoidance of the discomfort of change, generally a consequence of a 'philosophy of low frustration tolerance' (LFT) in the client. Hence, the intervention of a therapist is required to provide the necessary support and encouragement for the client to overcome their low frustration tolerance and embrace the three therapeutic insights which, in their turn, provide clients with a therapeutic method for effecting 'philosophical change' in themselves, ultimately replacing irrational musterbatory demands with a philosophy of rational self-interest, or 'long range hedonism'. This ethic, although fairly implicit in the therapy, is very important because REBT tends to take an instrumentalist attitude toward rationality, i.e., dysfunctional beliefs are partly defined as those having negative *consequences* for the client's personal happiness. Critics of instrumentalist epistemologies might feel the need to take REBT to task over this. (*Criticism 4*)

REBT has already been the object of considerable criticism over its equation of self-interest with psychological health, Ellis defends himself against this criticism by the somewhat artless manoeuvre of claiming that he *also* stresses social-interest. As far as I can see, the crucial question of how to reconcile *conflicts* between self-interest and social-interest is left unanswered. More importantly, however, it's clear that social-interest is seen as *subordinate* to self-interest when Dryden summarises its importance in life as helping to create the kind of environment that makes the client happy (1994: 43). Clearly, that makes social-interest of only *conditional* value, not an end in itself, so as a refutation of the charge of moral egoism it simply doesn't cut the mustard. (*Criticism 5*) In philosophical terms, REBT *implicitly* endorses a hedonistic and consequentialist ethical egoism; Ellis's 'rational beliefs' are actually desires which contribute to long term personal happiness and psychological health. Philosophers who see problems with consequentialist ethics *or* ethical egoism might criticise REBT for propounding this philosophy on the back of a *credo* about 'what is rational', without making its moral and ideological foundations explicit to the client. (*Criticism 6*)

REBT: Practice

According to Dryden, 'Ideally, rational-emotive therapists try to assist clients to make profound philosophic changes.' (Dryden, 1984: 245). Consequently, '[REBT] practitioners tend to be intellectually, cognitively or philosophically inclined and become attracted to [REBT] because the approach provides them with opportunities to fully express this tendency' (Dryden, 1984: 247). Additionally, Ellis specifies that REBT strives to be 'scientific, empirical, anti-absolutistic and undevout in its approach to people's selecting and achieving their own goals' (in Dryden, 1984: 248).

In the initial stages of therapy, the therapist attempts to clarify the client's goals, which involves a critical process whereby long and short term goals are distinguished and the relationships between them established. However, the therapist must also help the client to ensure that their goals are both realistic and genuinely self-enhancing.

Once provisional goals are established, the therapist helps the client to achieve philosophic change by undertaking the following 'tasks':

- to help clients see that their emotional and behavioural problems have cognitive antecedents;
- to train clients to identify and change their distorted inferences and irrational beliefs; and
- to teach clients that such change is best effected by the persistent application of cognitive, imagery, emotive and behavioural methods. (Dryden, 1984: 246).

Dryden advocates the use of a plethora of active-directive techniques aimed at changing the clients behavioural and emotional reactions. However, the approach most readily associated with REBT is, perhaps, the 'verbal disputation' of irrational demands and evaluative beliefs (B cognitions). Disputation falls into three categories,

First, therapists can help clients to *discriminate* clearly between their rational and irrational beliefs.

Then, while *debating*, therapists can ask clients a number of Socratic-type questions about their rational and irrational beliefs: for example, 'Where is the evidence that you must...?'

Finally, *defining* helps clients to make increasingly accurate definitions in their private and public language. (Dryden, 1984: 250).

Dryden adds that the disputation of factual inferences about the activating event (A) is also appropriate (a technique more associated with cognitive-behavioural therapy). Ellis and Dryden are quite vague about the precise criteria according to which rationality is to be measured, except for the fact that absolute demands are seen as paradigmatic examples of irrationality because they have negative consequences. The method of disputing beliefs, on the other hand, is repeatedly identified with 'the logico-empirical methods of science' and 'scientific thinking (employing the rules of logic and scientific analysis [...]).' (q.v., Dryden, 1984: 241-242, 248, 254). Dryden gives the following example of 'logical consistency' as a criterion of rational 'philosophy of life':

Rational beliefs are usually logically consistent, as in the following example: 'It is good to be successful at one's job; therefore, I *want* to be successful at *my* job.' Most people would probably agree that the second part of this sentence follows logically from the first part. (Dryden, 1994: 28)

On the contrary, it should go without saying that nobody in their right mind would agree that the fact that I desire something logically follows from the fact that it is good. Dryden also makes a basic error in conflating logical *consistency* with logical *entailment*, two crucially different things. Hence, it is not difficult to see that REBT is highly confused about its own conception of rationality, and is insincere in its appeal to the names of logic and philosophy. (*Criticisms 7 and 8*)

Moreover, it is difficult to see how the idea of an *a priori* necessity can be reconciled with REBT's categorical rejection of 'musts', a position sometimes known as '*hyper-empiricism*'. I would suggest, for example, that a philosopher might be more concerned to analyse the logically internal coherence of the clients 'musts' than to reject them on external, consequentialist grounds. For example, Wittgenstein famously characterised philosophy in just these terms,

One might even say that philosophy is the grammar of the words 'must' and 'can', for that is how it shows what is *a priori* and what *a posteriori*. (Wittgenstein, 1937: 375).

As an REBT client, Wittgenstein would presumably have got short shrift. In fact not much in the way of philosophical dialogue could survive in the climate of classical REBT's hyper-empiricism. A philosophical critic of REBT might question both the broader implications and the internal logical coherence of REBT's apparent rejection of the entire domain of *a priori* necessity. (*Criticisms 9a and 9b*).

Part II REBT and logic

REBT is ripe for the assimilation of some more recognisably philosophical theory. Obviously, if REBT is to be concerned with disputing irrational beliefs it should not avoid engaging with the very disciplines which are credited with the *study* of rationality. Recently, Elliot Cohen has published several articles on REBT and philosophy, one of which is included in the book *Essays on Philosophical Counselling*. Cohen's principal strategy has been to incorporate some basic techniques from classical syllogistic logic into the practice of REBT disputation, a sort of synthesis of REBT and philosophical practice, something which he calls 'logic-based RET'.

Cognitive-behavioural therapies, like REBT, have in general tended to construe psychology in terms of efficient causation, so that cognitions relating to activating events (A) and beliefs (B) are thought to *cause* emotional consequences (C). One of the practical consequences of this is that therapists, working backwards chronologically, may insist on asking clients to focus on the thoughts they have *immediately prior* to the experience of their symptoms. For example, Dryden advises counsellors to identify beliefs by asking the client 'what led up to C?'. Many contemporary philosophers of psychology would, of course, object that the ABC model conflates '*reasons*' and '*causes*'. That is, that it illegitimately transposes the concept of efficient causation assumed in the natural sciences into the domain of the human and social sciences (essentially a manifestation of Positivism). As I mentioned, Ellis suggests that emotion and belief are potentially overlapping concepts; believing that spiders are frightening may be just another way of saying that I am afraid of spiders, or at least a cognate aspect of the total structure of my experience. If this is the case then, if I say that 'I am depressed because I think nobody likes me', Dryden and Ellis are guilty of distorting the conceptual articulation of my self-consciousness when they attempt to educate and persuade me to view my depression as a *causal consequence* of my morbid beliefs (their distinction between discrete activating events and beliefs is similarly problematic). Because Dryden and Ellis are insensitive to this logical distinction they vacillate unsystematically between several inconsistent notions of motivation, so that at any given time it is difficult to pinpoint their precise meaning. One thing is clear, and that is that some of their colleagues have taken on board their psychological determinism in more explicit form. For example, another proponent of REBT, Arnold Lazarus, adopts Ellis's ABC model, which he equates with a cognitive-behavioural model called S-CM-R, Stimulus-Cognitive Mapping-Response. Here, the relationship between a situation and the emotion it elicits is *explicitly* modelled on the physiological mechanics of the reflex arc, an absolute paradigm of efficient causation.

The role of this essentialist conception of causation in psychotherapy, or conflation of '*reasons*' and '*causes*' if you prefer, has been the object of philosophical criticism since the thirties. For example, in a well-known passage, G. E. Moore summarises Wittgenstein's concerns about the concept of psychic causation in classical psychoanalysis:

He [Wittgenstein] said [...] that Freud encouraged a confusion between getting to know the *cause* of your laughter and getting to know the *reason* why you laugh, because what he says sounds as if it were science [...] He said that this confusion between *cause* and *reason* had led to the disciples of Freud making 'an abominable mess': that Freud did not in fact give any method of analysing dreams which was analogous to the rules which tell you what are the causes of stomach-ache [...]. (Moore, 1933: 107)

By the sixties, the practical importance of this basic conceptual distinction was widely recognised by psychoanalysts. Charles Rycroft, a leading figure in the Independent School of British Psychoanalysis, author of the Penguin *Critical Dictionary of Psychoanalysis*, was one of many analysts who, having acceded to the criticisms levelled by existentialism and linguistic philosophy, attempted a philosophically informed re-reading of classical psychoanalysis,

What Freud did [...] was not to explain the patient's choice causally but to understand it and give it meaning, and the procedure he engaged in was not the scientific one of elucidating causes but the semantic one of making sense of it. (Rycroft, 1966: 13)

In this respect, it might be argued that REBT lags behind psychoanalysis, and some of the 'humanistic' psychotherapies, in terms of the self-understanding of its own scientificity. (*Criticisms 10a and 10b*)

I won't go into this objection further, I mention it only because Cohen, while accepting that *some* thoughts *may indeed* cause emotional consequences, attempts a revision of the ABC model which treats A and B cognitions as *reasons* or rather *premises* and substitutes logical '*Conclusions*' for causal '*Consequences*'. He writes:

One aspect of applying the ABC theory that seems to have impeded such use of deductive logic in [REBT] has been the usual emphasis upon the behavioural and emotional Consequence as causally related to points A and B - instead of recognising a deductive relation between premises and conclusion. (Cohen, 1992: 239)

Hence, instead of asking what thoughts *causally precipitate* my distress, Cohen can legitimately ask what thoughts are implicit *in* my distress, clinically a more flexible and versatile approach. Moreover, instead of tracing back the causal chain of externally related cognitions assumed by classical REBT, Cohen is free to use the ABC model to explore the internal, logical, reasons which determine emotional conclusions. In doing so he rehabilitates the Scholastic concept an *enthymematic* argument into psychotherapeutic theory to describe an argument which has been expressed incompletely, so that some of its premises are missing. Once irrational emotions and behaviours have been translated into propositional form, Cohen can work backwards to elicit the supporting premises which are, in turn, analysed syllogistically. As he puts it, 'Once a deductive [REBT] model is adopted, deductive methodologies for uncovering clients' irrational premises and for assessing the validity and soundness of clients' arguments can then be freely developed and applied to this sort of therapy.' (Cohen, 1992: 240)

Cohen's writings attempt to provide practical examples of this approach, e.g., he gives the following simplistic syllogism:

A client complains, 'I feel depressed.'
 Cohen elicits the implicit evaluative belief 'I'm nothing but a worthless bum.'
 The client elaborates the minor premise supporting this belief as 'I lost my job.'
 This allows Cohen to infer the major premise 'If I lose my job, then I'm nothing but a worthless bum.'

Giving the following mixed hypothetical syllogism (*modus ponens*),

If I lose my job I'm nothing but a worthless bum. (Major Premise)
 I lost my job. (Minor Premise)
 Therefore, I'm nothing but a worthless bum. (Conclusion)

According to Cohen, this emotional conclusion *causes* the emotional consequence of depression. Now there is no small degree of semantic confusion involved in REBT, and Cohen appears to be a victim of it here. Ellis could legitimately object that Cohen's emotional conclusions are simply the evaluative beliefs which he has called 'B cognitions'. The fact remains, however, that clients can be expected to present an emotional reaction or a compulsive or habitual behaviour, as their problem, not a belief. Whereas traditional REBT is wedded to a Positivistic conception of beliefs as causal antecedents, Cohen's model is more flexible and allows him to treat cognitions as *immanent* in the experience of the presenting problem.

Cohen gives several examples of ways in which formal logic can be used to help clients understand the irrationality of their beliefs. He points out that by using the rules for immediate inference of corollaries counsellors can demonstrate, e.g., that the hypothetical 'If I lose my job then I will be a worthless bum' logically entails the inclusive disjunction 'Either I have *not* lost my job or I am a worthless bum', something which REBT calls 'black and white thinking'. As philosophers we should all know how common logical fallacies like 'affirming the consequent' and 'denying the antecedent' are; Cohen cites an empirical research study which supports this intuition, and he thinks that all REBT counsellors should know how to identify basic logical fallacies like these and explain them to their clients.

Conclusion

In conclusion, these are the ten possible criticisms made in this paper of REBT.

1. REBT uses the language of workaday folk-psychology (e.g. 'inference', 'cause') in a confusing and idiosyncratic manner. This is made more serious by the didactic nature of REBT.
2. REBT translation of conative concepts like 'demand' and 'desire' into cognitive terms about what must be the case, or is desirable, is philosophically problematic.
3. REBT is guilty of a seriously exaggerated pathologising of client's life problems because *outside* the consulting room *informal* self-critical reflection (and dialogue) helps people deal with emotional problems every day.
4. REBT takes a questionable instrumentalist attitude toward rationality.
5. REBT is guilty of moral egoism since social interest is taken to be of only conditional value.
6. REBT assumes consequentialism and ethical egoism, without making its moral and ideological foundations explicit to the client.
7. REBT is highly confused about its own conception of rationality.
8. REBT is insincere in its appeal to the names of logic and philosophy.
9. REBT's apparent rejection of the entire domain of *a priori* necessity can be questioned for both its a) broader implications and b) internal logical coherence.
10. REBT lags behind psychoanalysis, and some of the 'humanistic' psychotherapies, in terms of the self-understanding of its own scientificity.

I'd like to repeat that these possible criticisms of REBT which I've raised are precisely that, *possible* criticisms - they deserve to be taken seriously and to elicit serious

counter-criticism in the spirit of philosophical debate. Again, they aren't, for the most part, *my* criticisms but *extant* criticisms in the philosophy of psychotherapy. Cohen's methodology might be able to raise REBT to a new level of theoretical sophistication, and open avenues for constructive inter-disciplinary debate. I hope it will, but it remains to be seen whether Cohen's approach will be hamstrung by, or transcend, the hyper-empiricism and counter-philosophical tendencies of classical REBT. In any case, Cohen has taken the first step in establishing a counselling methodology incorporating the use of formal logic, which has to warrant serious attention.

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