

Counseling Hume:

Using Logic-Based Therapy to Address Generalized Anxiety Disorder

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Abstract: David Hume is well known for his philosophical doubts about such things as whether there is an external world beyond our sense perception, and whether there are any rational grounds for believing that the future will resemble the past. But what would it be like to entertain such doubts in the context of one's everyday life? In this paper, a fictional dialogue is provided in which a descendent of David Hume who brings such skeptical doubts to life, and consequently suffers from Generalized Anxiety Disorder (GAD), is counseled by a Logic-Based Therapy practitioner.

Logic-Based Therapy (LBT) is a philosophical counseling modality related to Rational-Emotive Behavior Therapy, a didactic, directive, philosophically-oriented form of Cognitive Behavior Therapy invented by the late psychologist, Albert Ellis, beginning in the mid 1950s. I began to develop LBT in the mid 1980s.¹

The LBT counseling process proceeds in terms of six progressive steps. This paper shows how this six-step method can be seamlessly applied to a counselee seeking philosophical counseling for generalized anxiety. More specifically, it (1) provides an overview of the LBT process, (2) psychiatrically defines Generalized Anxiety Disorder (GAD); (3) presents a fictional dialog between an LBT practitioner and a philosopher who exhibits GAD; and (4) draws some general conclusions about philosophical counseling, in particular LBT, as it relates to the human tendency to experience anxiety about the uncertain future.

The Six Steps of LBT

Step 1 of LBT consists in *finding the counselee's emotional reasoning*. This is accomplished by helping the counselee to identify the intentional object (O) of his emotion as well as its rating (R). The theory holds that all emotions can be defined in terms of O + R. Thus, for example, anxiety can be defined in terms of its unique object (O), which consists of a conditional statement predicting a set of consequences if a given state of affairs takes place; whereas its unique rating (R) consists of a strongly negative evaluation of the said possible event or state of affairs *if* it takes place. The emotional reasoning of anxiety is then formulated in terms of its O +R as a conditional practical syllogism, in modus ponens, consisting of a prescriptive major premise rule and a descriptive or empirical minor premise report. Thus:

(Rule) If O then R

(Report) O

Therefore R

Each of these premises can, in turn, often be traced to further premises through rationally querying the counselee.

Step 2 consists in *identifying any fallacious premises* such as an inductive fallacy committed in the minor premise report; or an evaluative fallacy such as catastrophic thinking committed in the major premise rule.

Step 3 consists in *refuting any fallacious premises* using such methods as *reductio ad absurdum*, deductive falsification, showing lack of evidence, and identifying inconsistencies or double standards.

Step 4 consists in *identifying and prescribing a guiding virtue* that opposes the fallacious thinking identified and refuted in steps 2 and 3 with a “higher,” rational aspiration or end. LBT identifies eleven kinds of “cardinal fallacies” each of which has a corresponding guiding virtue. For example, the opposing virtue to bandwagon thinking is authenticity.

Step 5 then consists in the LBT counselor helping the counselee to arrive at a “philosophy” (or set of philosophies) that can help the counselee aspire to the prescribed virtue. For example, to aspire to be more authentic, a counselee could embrace Sartre’s “existence precedes essence” in taking responsibility for her actions and what she makes of herself.

Last, step 6 consists of exercising one’s willpower to apply the said philosophy, as against the emotional reasoning identified and refuted in steps 2 through 3. This involves creating a plan of action and executing it. It can also include behavioral assignments such as shame attacking exercises, role playing, and the use of rational-emotive imagery.

Generalized Anxiety Disorder

This paper demonstrates the aforementioned six steps of LBT in the context of addressing GAD, an affective disorder defined by the American Psychiatric Association’s *Diagnostic and Statistical Manual DSM-5* as follows:

[E]xcessive anxiety and worry (apprehensive expectation) about a number of events or activities, occurring more days than not for a period of at least 6 months, about a number of events or activities. *The intensity, duration, or frequency of the anxiety and worry is far out of proportion to the actual likelihood or impact of the anticipated event.* The individual finds it difficult to control the worry and to keep worrisome thoughts from interfering with attention to tasks at hand. Adults with generalized anxiety disorder often worry about every day, routine life circumstances, such as possible job responsibilities, health and finances, the health of family members, misfortunes to their children, or minor matters (e.g., doing household chores or being late for appointments)... During the course of the disorder, focus of worry may shift from one concern to another.²

LBT accordingly proceeds by helping the counselee identify the emotional reasoning involved in such generalized anxiety by helping her to find the inductive report premise that inflates the probability of an anticipated event; and the prescriptive major premise rule that catastrophically rates this possibility. LBT then proceeds to identify and refute the fallacies inherent in the respective premises; prescribe the guiding virtue that counteracts the catastrophic and anti-

empirical thinking; select a philosophy to promote the guide virtue; and construct and implement a behavioral plan that applies the philosophy in order to to proactively overcome the anxiety-producing emotional reasoning and aspire toward the virtuous end.

Following is a fictional case that captures these six sequential steps of LBT in a dialog between a philosophical practitioner and a counselee with GAD:

Counseling Hume: A Case of GAD

“Good day, Doctor, she said, as she entered my office.

“Nice to meet you, Deidra,” I said, shaking her robust hand, as the new client and I sat down at adjacent chairs.

“Your last name is Hume,” I see.

“Yes, and I suppose you are wondering if I am somehow related to the philosopher?”

“Yes, the thought crossed my mind.”

“I am, indeed, so I am told. He is a distant relative; and I have followed somewhat in his footsteps by studying philosophy. I have a Ph.D. in it from the University of Edinburgh. That is why I decided to seek out a philosophical counselor for my issue rather than seeking help from a psychological counselor. I intend that philosophy will be my salvation.”

“Tell me more about why you are here.”

“I suppose I have taken my ancestor’s skepticism to new heights. I am a bundle of nerves. I worry and ruminate about everything, from the moment I awake to the moment I retire for the night, and even then I toss and turn and get very little sleep. I worry when I dream. I doubt even David dreamt about the problem of induction!”

“So you worry about *everything*?” Is that even possible?”

“What I mean is that there always seems to be *something* that I am worried about.”

“Can you give me an example of one such object of your worrying?”

“I am worried right now that philosophical counseling won’t help me to stop worrying! You see, this skeptical, doubting nature of mine is a family curse! David was skeptical about whether the sun would rise tomorrow; about whether there were external bodies; other minds, and even if he was anything more than a bundle of perceptions. And I actually ruminate and worry about these things! Horror of horrors! Now it’s philosophy’s turn to redeem itself!”

“Okay, so what is going to happen if philosophical counseling doesn’t help you to stop worrying?”

“Then I will never stop worrying.”

“So what if you never stopped worrying?”

“Then I would worry myself to an untimely death.”

“So, on a scale of 1 to 10, how bad would it be if philosophical counseling doesn’t work and, as a consequence, you worry yourself to an untimely death?”

“It would be at least a 10!”

“At least a 10?”

“Yes, the worst thing imaginable for me.”

“Okay, so tell me if this is your reasoning. You are telling yourself that, “if philosophical counseling doesn’t help you stop worrying then you will eventually worry yourself to an untimely death; and if you eventually worry yourself to an untimely death, then it would be the worst thing imaginable. Therefore, you are telling yourself that it would be the worst thing imaginable *if* philosophical counseling doesn’t help you.”

“Yes, that’s accurate.”

“Okay, so maybe you can put your skepticism to constructive use. Let’s consider your premise, “If philosophical counseling doesn’t help you to stop worrying, then you’ll eventually worry yourself to an untimely death.” Can you be certain of this?”

“No, of course not—thus the problem of induction, as my late, great ancestor would admonish!”

So what probabilistic argument do you have? Show me your evidence that if philosophical counseling doesn’t help, you will eventually worry yourself to death?”

“There have been studies showing that there is a higher probability that worriers die earlier of things like heart attacks and cancer.”

“Ah, but even if this is true, are there also studies that show that if philosophical counseling doesn’t help then you will worry yourself to death? Isn’t it quite possible that you could stop worrying without philosophical counseling helping you? Do you recall what David himself said about philosophy? He said it would render us entirely Pyrrhonian were not nature too strong for it.”

“Curses! Again, this family genealogy is doing me in!”

“Not the family genealogy but rather the premises you are using to deduce your conclusion.

This appears to be your logic: If philosophical counseling doesn’t help you to stop worrying then nothing will help; and if nothing will help, then you will worry yourself to an untimely death. Therefore, if philosophical counseling doesn’t help then you will worry yourself to an untimely death. But where is the evidence for your premise that if philosophical counseling doesn’t help then nothing will?” Maybe one day you will say to yourself, ‘F this worrying’ because you are just fed up with it.”

“So are you telling me that philosophy won’t help me?”

“No, I am saying that it is not a *necessary* condition of your stopping worrying; and that seems to be part of your problem. As long as you put all your eggs in this philosophical basket, you place unrealistic pressure on yourself.”

“I can see what you mean. It’s David’s old fork again coming back to haunt me. It’s a contingent relationship, not a necessary connection. I can see that. There are other imaginable possibilities, and nothing contradictory in the denial of my premise. I can’t defend it on a priori grounds and I have no empirical argument to support it either. I got it!”

“But let’s also look at your other premise, that ‘If you eventually worry yourself into an untimely death, then it would be the worst thing imaginable.’ Would it really be the *worst* thing imaginable?”

“Yes I think so.”

“What about something like living a long and tortured life, for example, dying a slow and painful death from some long and protracted disease?”

“I admit it might be better to die sooner than later in those circumstances. I see your point. I could always imagine something worse.”

“So, now we can discuss some reasonable ways of confronting your tendency to worry.
Worrying involves being afraid, so we can ask about rational ways of dealing with fear.
As a scholar of philosophy, I don’t doubt you have come across some philosophical
views about rationally confronting fear.”

“Yes, Aristotle comes to mind.”

“Of course; so what would Aristotle do in confronting irrational worry such as yours? As you
have seen, your worry rests on irrational premises, so it can be said to be irrational.”

“Aristotle thought that rationally controlling one’s fears was a virtue, namely courage. He
thought it was a moderate attitude, a mean between excess and deficiency and in
particular between rashness and cowardice.”

“Right, and he discussed death explicitly when he said that a courageous person is fearless in
the face of a noble death, and that he is more afraid of dying in an undignified way.”

“Yes, undignified; like worrying oneself to death, I presume.”

“Good; and it would clearly be self-defeating to worry about worrying yourself to death in the
name of not worrying. So one philosophy that might serve as an antidote to your
worrying, and which could help you to exercise courage, is to be to be fearless in the
face of your object of worry, whether it is philosophical counseling not working, or
whatever else about which you might needlessly worry.”

“But Aristotle wouldn’t tell me not to be afraid when there was good reason for being afraid.
So how do I know when I am overacting?”

“Well, no doubt Aristotle would admonish you against being afraid of the improbable. What do
you think David would say?”

“Good question. I still wonder if old David wasn’t as neurotic as I am, given his incredibly
skeptical nature, not to mention his bout with depression as a young man; but what he
himself would do is, logically speaking, beside the point. He did say something that
makes sense to me, and that’s that a wise man proportions his belief to the evidence.
So something that has happened consistently in the past, with maybe one or two
exceptions, can give reasonable assurance about the future; but when something rarely
happens, then it is unwise to think that it will happen in the future.”

“Very good! So you now have Aristotle and David Hume to help you navigate toward courage
instead of allowing yourself to be taken off course by groundless predictions.”

“But that’s easier said than done! Rationally, I can now see that I should aspire to be
courageous by seeing that my objects of worry (at least some of them, anyway) are
groundless and thus, by becoming fearless in the face of them; but, even now, I still feel
the urge to worry.”

“Quite rightly. This is because, while philosophy can point you in a rational direction, you still
need to *apply* it to your life by take action to aspire toward the virtuous end.”

“So, now I feel torn. I feel like worrying right now. In fact, I am now worrying about feeling
so torn.”

“And that’s why you have to exercise some willpower by acting in the rational way.”

“But what if human beings don’t have free will? What if I am a slave to the physical forces
that set my body in motion?”

“I really don’t know if such a deterministic stance is true. It might well be. But that doesn’t
mean you don’t have willpower. There might well be a causal explanation for all of
your actions, but that doesn’t mean you can’t change your actions. Even drug addicts

who have physiologically-based cravings for a substance can kick their habits through drug rehabilitation programs. Many do it with the belief in a “higher power”; others by applying rational principles. But it is clear that people can and do make constructive changes in their cognitive, emotional, and behavioral lives, and often for the better. And that’s what counts, whether or not we have free will in a deep, metaphysical sense.”

“I get it. This is right out of David’s *Enquiry Concerning Human Understanding*. I can cite the famous line by heart: Freedom is ‘a power of acting or not acting, according to the determinations of the will.’ He said we can choose to do or not do something. He said everyone has this freedom to act or not except if you happen to be a prisoner in chains.”

“And are you a prisoner in chains?”

“No, not in a physical sense.”

“So now we need a plan of action. As Sartre would say, we define ourselves through our actions. If a person is to change, we need to put our actions where our conscious desire is.”

“Yes, I know that radical freedom spiel. I know I’m not a paper cutter. But Sartre apparently didn’t know what it was like to be a chronic worrier like me.”

“Maybe not, but, again, it really doesn’t matter if you are radically free. You may have to work at it to act according to the determination of your will to stop worrying so much, but the practical reality is that change is a genuine possibility.”

“Okay, so what do I do to change?”

“What are the circumstances in which you tend to worry?”

“Whenever I think that something might go wrong. Then Murphy’s Law kicks in and I start thinking the worst.”

“Very good. So what do you think you could do differently in these circumstances?”

“Well, I could put a gun to my head and pull the trigger. That would definitely stop me from worrying.”

“But that would shorten your life more than the worrying, which would be very self-defeating. So what else could you do that would not be self-defeating?”

“I suppose I could distract myself with something else instead of ruminating about it. But what if it is *really* something I should be addressing and I force myself to ignore it?”

“Okay, good. Give me an example of such a case.”

“Just yesterday I was driving to work, and it suddenly occurred to me that I had forgotten to renew my registration and that I was driving with an invalid registration.”

“What did you do?”

“The first thing I did was slow down to a creep and thought I was going to go out of my mind until I got to the office. It was the ride from hell.”

“Then what did you do?”

“I went lunch time and renewed the bloody thing. But on my way over there a cop was driving behind me. I almost freaked.”

“Okay, so you renewed it. What solved your perceived problem, renewing your registration or worrying about?”

“Obviously, renewing it. The worrying just made things worse.”

“Exactly!”

“So I just should distract myself with something else more productive than worrying, and then just do what I have to do.”

“Right, you can practice doing what we have done together in this session. When you start to worry, you can identify what you are worried about. This will be some conditional, like if you get pulled over by a cop while driving without a valid registration then you will be sent up the river. You can then ask yourself how you are rating this object, like how awful it would be if you got pulled over, or how it would be the worst thing that could happen, or some other strong negative rating such as this.”

“Then you can refute it.”

“Right, like am I really going to be sent up the river or just have to pay a fine; and is it really the worst thing in the world to get pulled over?”

“Exactly! Then you can remind yourself of your goal of courage and how, in aspiring toward this goal, you have set yourself to be fearless in the face of irrational fears and to act wisely by proportioning your belief to the degree of evidence.”

“Okay, I feel a sense of empowerment here. Then I can go ahead and distract myself with something more important.”

“That hits the nail on the head!”

“And then if I need to do something, like getting my registration renewed, I can just act on it. Do it without a song and a dance!”

“That sounds like a reasonable plan of action.”

“But, what if I am genetically and incorrigibly skeptical about everything and disposed to worry about whatever I doubt? The curse of being a Hume!”

“Oh, but Deidre, is it not more the condition of being a human?”

Concluding Remarks

The fact that Deidre is portrayed as a philosopher may give some pause as to why she was not made out to be more rational in her practical life. But I have known and counseled quite a number of philosophers who have tended to be less than rational in their personal lives, even though they were excellent teachers and scholars. The truth is that none of us are immune.

While I have written in tongue and cheek about philosophical skepticism as exemplified in Hume, on a much deeper and serious level, it is about the human encounter with a dubious and often unpredictable future and the angst that this can create in everyday life. I dare not say that even Hume himself was able to confine his skepticism to the abstract philosophical arena rather than to allow it to destructively bleed into everyday living. Suffering from depression that seemed to intensify with the unremitting study of philosophy, twenty-three-year-old David Hume declared, “I found, that...there are two things very bad for this distemper, study and idleness.”³ And he was especially troubled by “reflections against death, and poverty, and shame, and pain, and all the other calamities of life.”⁴ So, the generalized anxiety confronted by the fictional Deidra Hume may, ironically, have been, to a significant degree, that suffered by the skeptical philosopher himself!

On the one hand, our doubting nature makes us good philosophers; on the other, it can wreck our practical lives--if we allow it. Philosophy can rescue us from our destructive tendencies,

especially if it is incorporated into a six-step approach such as LBT. But, the tendency to doubt, which is up to concert pitch in the case of persons with GAD, can sabotage the practical value of philosophy, distort or hold it hostage, or even enlist it in self-defeating ways (just think of a person who won't take risks because she thinks the world is inherently iffy). LBT recognizes this human condition by emphasizing the behavioral as well as cognitive aspects of a viable therapy. Deidra was still conflicted, even when armed with philosophical antidotes gleaned from Aristotle and Hume; she still needed a behavioral plan to "act according to the determination of her will";⁵ and even in the end, she blamed her insecurity about the future on her genes. All of us have some of these genes, by virtue of being human. The struggle of those with GAD may simply be a difference in degree. The practice of LBT attempts to liberate us from such self-imposed prisons and chains. If it succeeds, however, it is because of the human ability to doubt--which includes philosophical analysis. Paradoxically, what can enchain us can also set us free!

Endnotes

¹ See, for example, *Theory and Practice of Logic-Based Therapy: Integrating Critical Thinking and Philosophy in Psychotherapy* (New Castle upon Tyne: Cambridge Scholars Publishing, 2013).

Endnotes

² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (Arlington, VA: American Psychiatric Association, 2013), p. 222.

³ David Hume, "A Letter to a Physician," in John Hill Burton, *Life and Correspondence of David Hume* (Edinburgh: William Tait, 1846), p. 37

⁴ Letter to a Physician, p. 32

⁵ David Hume himself acknowledged the need for acting on one's philosophy rather than simply reflecting on or ruminating about it. Speaking about how he was especially subdued by his "solitary" reflections on the ideas of Plutarch, Seneca, and Cicero, he said, "These no doubt are exceeding useful, when joined with an active life, because the occasion being presented along with the reflection, works it into the soul, and makes it take a deep impression; but in solitude they serve to little other purpose, than to waste the spirits, the force of the mind meeting with no resistance, but wasting itself in the air, like our arm when it misses its aim." Letter to a Physician, p. 37.