

Comments on Elliot Cohen's "Absolute Nonsense: The Irrationality of Perfectionist Thinking"

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Abstract: These comments on Cohen's paper (IJPP, this issue) focus on the question of whether Cohen's attempt to derive antidotes from incompatible or contradictory philosophical camps—such as Hume's subjective theory of beauty, on the one hand, and Augustine's objectivist account—present a fatal problem for Cohen's LBT. The paper concludes with suggesting a constructive way around the problem.

Professor Cohen's paper, "Absolute Nonsense, The Irrationality of Perfectionist Thinking," strikes me as a significant contribution to our understanding of the place of Logic Based Therapy in the context of applied philosophy and psychological counseling. The bold vision of LBT that Cohen has been developing since the 1980s is evident in the opening paragraph of his paper, wherein he asserts: "[LBT] is the only psychotherapeutic modality that ...systematically applies substantive philosophical theories to overcoming ...[the] extensive repertoire of self-destructive...[fallacies]." Professor Cohen is a careful writer, and his use of the definite article in characterizing LBT as *the* modality that systematically applies philosophical theories in the psychotherapeutic domain is no accident. However, while his paper offers us a practical application of LBT as a way of illustrating this psychotherapeutic value, several theoretical issues emerge as a result of the claim about the unique character of LBT, and from the specifics of Cohen's analysis of perfectionist thinking. Such issues can be settled, I think, within the framework Cohen has set out, but I would very much like to hear his perspective on the

issues, and on the possibility of their resolution. My purpose here is to spell out some of these issues in rather general terms.

Let me begin with the rich notion of a philosophical antidote that Cohen explores in his paper. The concept of an antidote is a non-trivial addition to the idea that the identification of fallacies in a patient's thinking is the key to remedying self-destructive thinking. The value of an antidote lies in the recognition that merely demonstrating that a premise in an argument is false is not enough to dislodge that premise from a person's belief system – that, for example, telling someone that it is unreasonable to expect perfection in human affairs is not enough to break the hold of the idea that they must be perfect. If I understand Professor Cohen correctly, antidotes provide a semantical and logical framework in which a new premise is imbedded, the collective weight of that framework working against the irrational prescription at issue. With an antidote comes context, and with context comes the rationale that makes the new prescriptive rule binding over the will. In short, it is only in virtue of the antidote that a rational, prescriptive premise can be seen as both desirable and within the realm of possibility.

One question that follows on the heels of this characterization is the question of what criteria a bona fide antidote must satisfy. What is it that makes a philosophical theory an antidote rather than a mere set of abstract reflections? As Cohen's own examples seem to suggest, the philosophical views that serve as antidotes do not need to be logically or conceptually compatible, even when they serve the same ends. Think for a moment of Cohen's use of Augustine's theology and Hume's skepticism to illustrate the fallacy of perfectionist thinking: Augustine's teleological conception of beauty, his emphasis on, and reification of, function in measuring beauty, is logically incompatible with Hume's subjectivism. After all, Augustine is

committed to the proposition that beauty is objective, while Hume categorically denies this assertion.

Yet both are used by Cohen to reinforce, at the pragmatic level, the idea that striving for perfection is profoundly irrational, that perfectionist thinking misrepresents the human condition. Apparently, although Augustine and Hume adopt contradictory metaphysics, this does not stand in the way of those pictures functioning as antidotes.

Well, then, to repeat the question, what conditions must a philosophical position satisfy to qualify as an antidote? Or, to put the question more provocatively: What gives an antidote its prescriptive force, if alternative and incompatible philosophies can support the same prescription? This alternative rendering is meant to suggest something important about the relationship between a prescriptive law and truth, namely, that what *should* be is connected in some way with the accuracy of the philosophical view that supports it. One *should* accept a realistic standard for human conduct, one that acknowledges the imperfections inherent in human beings, precisely because perfectionist thinking is based on an inaccurate view of the world and the alternative is not. But if contradictory philosophies are used to support this point, it seems that the prescriptive force of the antidote is adrift of its moorings in truth, since an interest in truth is sacrificed by using contradictory theoretical positions. Clearly, Hume and Augustine cannot both be correct.

Now, the obvious rejoinder to this remark is that one can not infer what *should* be from what is, and as truth is about *what is the case*, holding philosophical theories to a standard of truth simply misses the mark. But the point I'm making is a little more subtle than this response suggest, and a little more complicated. While it is true that one cannot derive *ought* from *is*, it is

also true that one cannot completely dislodge what ought to be from the particular metaphysics one adopts.

If accurate, Hume's metaphysics suggest we ought not to worry about oughts, in the objective sense, because they don't exist; Augustine's metaphysics suggests we ought to embrace a standard of beauty that focuses on the relation between a part of nature and the whole. Mill's utilitarianism tells us we ought to concern ourselves with happiness, while Kant's deontological ethics demands that we concern our selves with duty. The force of these prescriptions, in each case, is tied to the correctness of the world view one supports. I *ought* not to concern myself with happiness but with duty, if Mill is wrong and Kant is right. And matters of wrong and right are matters of truth, if they matter at all. So, let us at least acknowledge that the truth of a metaphysical view has something rather important to do with the prescriptive force of a claim, and hence with the concept of an antidote. The use of contradictory antidotes, I repeat, seems problematic because it detaches what we ought to believe from the concern about whether or not a particular philosophical position is correct.

Here's a related concern. Cohen claims that positive psychology is to be accommodated within the framework of LBT, but positive psychology comes with its own theoretical commitments, commitments that may or may not square with the commitments of a philosophical position used as an antidote. No systematic philosophy can avoid questions about human nature (Augustine, like Hume, for example, has a distinctive vision of what it is to be human). And here's the rub: One's view of self-actualization – one's view of positive psychology -- is inextricably bound to one's view of human nature, which makes the use of incompatible philosophical theories especially troubling to someone who wants to accommodate a specific psychological theory about self-actualization within the LBT framework.

Indeed, the compatibility of LBT and positive psychology demands that the view of human nature espoused by that psychological theory serves as a regulatory notion in one's choice of philosophical antidotes. To put the point less ponderously, one's antidotes must fit with one's psychological theory of human nature and self-actualization. And this fit is what appears to be in jeopardy if logically incompatible philosophies are used to remedy faulty thinking.

So where does this leave us? While these questions are natural, they may also overlook the very thing that is meant to separate LBT from approaches to philosophical counseling that *explicitly* divorce themselves from psychological concerns. Professor Cohen has made it clear that LBT is to be understood not merely as a system that is compatible with clinical psychology, but is one for which the connection is *necessary*. It is this connection, it seems to me, that suggests one way of understanding how antidotes to faulty thinking are developed and what conditions they must satisfy. By linking the analysis of faulty thinking to positive psychology, positive psychology might provide a conceptual constraint on one's choice of antidotes. In other words, the overlap between LBT and psychology might be intended to provide the conceptual tools -- the criteria -- used to select the appropriate philosophical perspective by which to dislodge the faulty assumptions in a patient's belief system. Unlike philosophical counseling approaches that embrace a principled distinction between psychology and philosophy, LBT has all the resources of the psychologist to draw on in framing the concept of an antidote.

Unfortunately, no subsuming theory can reconcile a contradiction, so looking to positive psychology for some resolution of the contradictory views of human nature expressed by Hume and Augustine is futile. This fact complicates the idea that the connection between LBT and psychology can be used to understand the criteria that must be satisfied for something to qualify

as an antidote, since it suggests the impotence of positive psychology to adjudicate logical conflicts. Now, Professor Cohen is too insightful a thinker to have overlooked this point, which suggests that the connection between LBT and positive psychology is more subtle than I've indicated thus far. So, the question persists: Why choose two conflicting philosophies to illustrate faulty thinking?

The answer, I think, ultimately lies in the pragmatic dimension of LBT. Consider, for example, that Cohen insists early in the paper that LBT makes no metaphysical commitments when it comes to the notion of free will. This strikes me as an interesting remark, since it reflects a certain neutrality of the LBT framework on philosophical issues. In fact, it is this remark, along with the use of diverse and logically incompatible antidotes, which reveals the essential ingredient in Cohen's recipe for unifying LBT and positive psychology, namely, a pragmatic theory of truth. I suspect that Cohen's intent in writing this paper is not – or not merely – to *argue* that perfectionist thinking is irrational, but to *show* his readers the clinical practice in action. In other words, one should not view Cohen's piece as an abstract argument about antidotes, but as a practical illustration of their value. As readers, we are on the clinician's couch undergoing a transformation of our own thinking, and part of that transformation is the unveiling of the pragmatic standard by which antidotes are measured.

In this sense, Cohen's approach is not unlike that of a Wittgenstein or an Austin, since it is the philosophical process that is meant to reveal, through practice, essential insights. Just as Wittgenstein uses different and often conflicting "language games" to reveal a more fundamental perspective on philosophical issues, Cohen can use diverse antidotes to reveal faulty thinking.

We might think of the matter in the following way. While Hume and Augustine present theoretically incompatible pictures of the world, the practical consequences of their views

converge in our realization that striving for perfection is somehow incompatible with a rational grasp of the world and one's place in it. It is the *psychological impact* of an antidote that reveals its value, not the metaphysical picture that underlies it. That is to say, an antidote is best understood as a *technique* (or instrument) rather than a philosophical theory, and the psychological impact on the patient is the benchmark we must use to evaluate the antidote. Just as John Stuart Mill and Immanuel Kant will agree, for different reasons, that, *ceteris paribus*, treating others with respect is the moral thing to do, theoretically incompatible antidotes can yield important results in the clinical arena. In a sense, then, Cohen is shifting the prescriptive burden of the antidote away from the issue of the truth of a metaphysical framework, and placing it squarely on the shoulders of a pragmatic standard. A patient should strive for a realistic standard of excellence, rather than perfectionism, because their psychological health will be the better for it. And this is precisely where the concept of health intrinsic to positive psychology becomes important.

This, to me, is an interesting resolution to the philosophical and logical conflicts that may arise between antidotes. The interest lies in the fact that viewing antidotes as instruments of psychological change reveals the significance of the connection between LBT and psychology, since the evaluation of the impact on a patient is both psychological and philosophical. Without the connection between LBT and psychology – without contextualizing philosophical distinctions in psychological terms – the use of philosophical theories to correct and direct the thinking of a patient becomes utterly ad hoc. Hence, the pragmatic and psychological dimensions of LBT are central to the idea that LBT can serve as a unifying framework for analyzing faulty thinking and promoting psychological health. Approaches to philosophical counseling that predicate themselves on a metaphysical distinction between philosophical enlightenment and

psychological health cannot promise this kind of depth, nor can they resolve the logical conflicts between competing philosophical theories.

There is one last question I think worth considering here. If the forgoing reflections are on the right track, then what prevents the complete dissolution of philosophy? What prevents philosophy from being subsumed by psychology? The answer, I think, lies in the recognition that a pragmatic theory of truth is not a psychological theory of truth – that one is saying more than just that a particular antidote helps to rectify a psychological malady when one identifies a prescriptive rule in the antidote. In particular, the prescriptive force of logic cannot be accounted for in psychological terms, since psychology, as a science, is descriptive rather than prescriptive. Gotlebe Frege's logical Platonism is a propos here, motivated as it is by his refutation of the psychological analysis of logical distinctions.

Modern functionalism in the philosophy of mind also embraces the notion that computation in general, and logic in particular, cannot be reduced to psychological processes, even when those processes are broadly construed. Logic and psychology are two distinct foci in a theoretical framework that provides both descriptive and prescriptive elements, and the pragmatic theory of truth at the heart of LBT must reflect this distinction. I imagine that the harmonizing of logic and psychology takes shape in the proposition that the rules of rational thinking must provide a constraint on what counts as a 'useful' psychological process, and that philosophy, like logic, outstrips psychological characterization at key points.