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THE EPISTEMIC RELEVANCE OF COGNITIVE BEHAVIOURAL THERAPY

Chloe Bamboulis and Lisa Bortolotti

Ratnayake's interesting paper challenges two claims, that cognitive distortions in depression involve epistemic issues; and that cognitive behavioural therapy (CBT) can rectify those epistemic issues. We are going to discuss both claims here and offer some reasons not to underestimate the epistemic relevance of CBT. First, there may be epistemic issues underlying cognitive distortions in depression that CBT can effectively address, including blind acceptance of negative automatic thoughts and insensitivity to evidence. But, even if CBT were primarily in the business of enhancing utility as opposed to validity, this would have significant, though indirect, epistemic benefits.

1. Validity and utility in depression

All human agents, whether they have a mental health diagnosis or not, behave in ways that diverge from the ideal standards of epistemic and practical rationality, compromising validity and utility. Whereas validity mostly concerns the accuracy of mental representations and the correctness of explanatory hypotheses, utility concerns their adaptiveness. The goal of validity is to see the world, the self, and the future as they are, whereas the goal of utility is to enhance successful and productive behaviour and avoid misery. Let's consider Ratnayake's example of a student who "performs mediocrely on a test and consequently believes that they will fail the entire course". Call her Susie.

The depressive realism effect suggests that people with mild depressive symptoms are more accurate than controls when rating themselves and predicting their own future, but the same epistemic advantage neither applies to those diagnosed with major depression nor extends to tasks that are not self-related. Suppose that Susie evaluates accurately her performance in the test and also accurately predicts that she will fail the entire course: she may be showing validity at the expense of utility. But what about those other thoughts Susie is likely to have due to her depression, about her social interactions and everyday situations? That the world is a cruel place and luck is always against her, that she is weak and unable to control her circumstances? These thoughts may lack both validity and utility.

If we think that so-called cognitive distortions in depression only involve practical issues and not epistemic issues, we may also believe that, if a therapy addresses cognitive distortions effectively, it does so because it boosts utility. But this would be misleading. Epistemic issues include generating implausible hypotheses that do not pass rigorous reality testing, but also arriving at hypotheses without taking into account the relevant evidence that is available. If Susie arrives at a self-prediction that turns out to be correct by simply accepting a negative automatic thought, this does not indicate that she has exercised epistemic rationality. Simply accepting that things will go badly due to negative biases may give rise to correct predictions, but the prediction won't reflect a careful consideration of the factors that are likely to contribute to the future outcome. This has implications for the discussion of the aims of CBT: the epistemic relevance of a therapeutic approach does not merely depend on whether it increases the overall number of accurate representations and correct

hypotheses, but in whether it encourages grounding representations and hypotheses on experience and evidence.

2. Does CBT lead to epistemic improvement?

The main argument in Ratnayake's paper is that CBT does not produce more accurate self-evaluations or more reliable self-predictions but encourages a positive way of interpreting reality that, prior to engaging in therapy, people might not have taken advantage of. The claim, then, is that CBT does not contribute to validity but boosts utility: it may be instrumental to turning people into more practically rational agents, enabling them to navigate their environment in a more successful way. However, for Ratnayake, CBT does not turn people into more epistemically rational agents, because, instead of eliminating distortions from their reasoning, it promotes an interpretation of the facts that protects people from anxiety and depression.

Take Susie who comes to believe, with high conviction, that she will fail the whole course because she performed mediocrely in one test. By inviting Susie to think about reasons for not shining in the test that are not also reasons for failing the course, CBT might make additional explanations for her mediocre performance in the test available to Susie, over and beyond the thought that "she is rubbish". What if that test was actually the most demanding one in the course? Or what if Susie had not shone in it because she was tired or distracted? What if the test demanded information that the students had not yet learnt? In those circumstances, evidence from the mediocre performance in the test would not support the gloomy prediction about failing the entire course. If there is evidence against the view that Susie did mediocrely merely because "she is rubbish", this would be considered.

It is true that there is not always a straight-forward way to evaluate evidence and rank hypotheses on the basis of their plausibility, and that evidence can pull in different directions, but the mere consideration of additional evidence and alternative hypotheses enables Susie to imagine another reality. A reality in which failing the whole course is not the only outcome. This may lead Susie to update her belief: now she is no longer 100% sure that she will fail the course. Ratnayake argues that this is a positive *change* but not an epistemic improvement: how do we know that validity has been served?

Surely an epistemic goal has been served by a therapeutic approach that helps Susie resist the power of a negative bias and reflect on the relationship between a mediocre test result and failing the course, without jumping from one to the other. Susie's prediction, whether accurate or not (only time will tell), has now been made by carefully considering both the scenario in which global failure follows from local disappointment, and the scenario in which it doesn't. At the end the day, if CBT can habituate people to adopt a thinking style, via cognitive restructuring, where hypotheses are not accepted blindly, but explored and weighed up against alternatives before being accepted, this suggests a significant epistemic progress. It leads people to become more sensitive to evidence and supports them in fighting back against biases and automatic thoughts.

3. When utility and validity meet

Ratnayake's analysis reminds us that utility and validity are distinct, potentially conflicting goals, and some interventions may promote one without also promoting the other. But Ratnayake's analysis is only part of the story.

CBT may not *directly* enhance the agent's epistemic rationality if its main goal is to boost the agent's utility, but by boosting utility it may also *indirectly* contribute to epistemic rationality (Bortolotti 2018). Positive illusions, such as the illusion of superiority (e.g., "I am better than average at driving"), the illusion of control (e.g., "Cancer will not return if I change my lifestyle") and the optimism bias (e.g., "My spouse and I will not get a divorce"), are instrumental to the agent developing a sense of self characterised by sustained motivation and productivity (Taylor 1989).

Agents find obstacles on the way to pursuing their goals. When they overestimate their talents and how rosy their future will be, they are less likely to give up pursuing their goals at the first setback. They are motivated to persevere, and more likely to achieve their goals than if they had given up earlier (Bandura 1989; Taylor and Sherman 2008). Some of the relevant goals may be epistemic and contribute to agents exchanging information more effectively within their social environment, and gaining a better understanding of themselves and the world (Bortolotti 2020). So, positive illusions do not only boost utility, but promote "adaptive behaviours and cognitive responses, associated with greater flexibility, problem-solving capacity and a more efficient elaboration of negative information" (Conversano et al. 2010, page 25).

Susie's self-predictions can become self-fulfilling. If she is convinced that she will fail the course, she might not be motivated to study hard and practise for the next tests—she will be unprepared to face them. If she is convinced that she will pass the course, instead, she will come to see her mediocre test results as a minor setback, learning from it. She may be motivated to show her friends and family that "she is not rubbish" and can do better, leading to more encouraging performances. When the changes people implement to pursue utility affect not only their thoughts and actions, but also their outcomes, the neat divide between utility and validity fades.

Ratnayake is right that, thanks to CBT, agents may become more practically rational by learning to interpret reality and the self in a way that is more conducive to goal satisfaction. But they may also develop effective strategies to sustain their future motivation to achieve new epistemic goals that were previously out of their grasp.

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