

Using Logic-Based Therapy to Empower Clients: A Case of an Emotionally Abused Client

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Abstract

Logic-Based Therapy (LBT) is a form of philosophical counseling modality I developed based on Rational-Emotive Behavior Therapy (REBT), the first form of cognitive-behavior therapy (CBT) created by psychologist Albert Ellis. A keynote of LBT is that people create their own behavioral and emotional problems by deducing self-defeating conclusions from irrational premises. It is such practical inferences that tend to drive negative emotions such as intense anxiety, debilitating guilt, rage, and depression. LBT's model of deductive reasoning entails that clients are not passive recipients of their self-defeating emotional and behavioral responses. Rather, the latter are, in effect, decisions that they make due to reasoning in certain ways from certain irrational premises that they have accepted, which they, in turn, have capacity to change. Since clients' emotions and behavior are largely a function of conclusions reached from faulty premises, clients have the power to redecide how they want to feel and act in response to the perceived challenges they confront in their personal and interpersonal environments. This means rethinking their premises from which they draw self-defeating or destructive conclusions, guided by their own philosophical lights.

Keywords: logic-based therapy (LBT), philosophical counseling emotional reasoning, cardinal fallacies, guiding virtues, client empowerment

LBT's Deductive Model

Logic-Based Therapy (LBT) is a form of philosophical counseling modality I developed based on Rational-Emotive Behavior Therapy (REBT), the first form of

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cognitive-behavior therapy (CBT) created by psychologist Albert Ellis (Cohen, 2021; 1992; 1987; 2017; Cohen et al., 2024; Ellis, 2001; DiGiuseppe et al, 2013; Carlson & Knaus, 2014; Knaus, 2014).

LBT uses the mechanism of *practical syllogism* to construct clients' emotional reasoning (Cohen, 1992; 1987). The latter is a *deductive* argument with two premises, one being empirical, and the other, an evaluative rule (Hardie, 2011). That is, an evaluative conclusion is deduced from a set of premises consisting of an evaluative rule and an empirical report. The term "evaluative" means that it does more than simply describe or report a state-of-affairs or event. It rates or prescribes (or proscribes) something. For example, calling something that has happened "awful" or "horrible" is (often) to *catastrophize* about it, not merely to report that it has happened. Similarly, saying that something *ought/ought not* or *should/should not be*, is to prescribe or proscribe it, not simply predict it.

Such *illocutionary* forces of evaluative language express people's emotions. Thus, use of "ought" or "should" can express deontological feelings or moral sentiments, while use of "must" (as in "I must have the approval of others") can express a felt need. Calling oneself a "loser" or "unworthy" can express a self-loathing feeling; and saying that something horrible might happen can express feelings of anxiety. Such linguistic emotive expressions can also sustain and amplify the underlying (somatosensory) feelings being expressed (Cohen, 2021).

LBT keys into clients' practical syllogisms that comprise such emotive expressions and helps clients to overcome them with alternative syllogisms that avoid fallacious premises and set aspirational goals guided by their own philosophical lights. This process consists of 6 integrated steps: (1) Identify the client's emotional reasoning chain; (2) identify any cardinal fallacies in the client's premises; (3) refute any fallacy; (4) Identify a guiding virtue that counters each fallacy; (5) Help the client find an uplifting philosophy; and (6) Develop a cognitive-behavioral plan based on the philosophy and act on it. In this paper, I present a case study in which these steps are respectively applied.

Empowering an Emotionally Abused Client With LBT: A Case Analysis

The client, Jenny, had filed for a divorce from her husband, Juan. The couple had been married for eight years, and had one eight-year-old child, Tina, who resided with Juan. In fact, Juan did not allow Jenny access to her daughter, although he had no legal claim to such an arrangement. When Jenny would call to speak to her, Juan would often make excuses about why she could not come to the phone, for example, that they had company or that she was with his grandparents. When Juan did permit Tina to speak to her mom, he would monitor their conversations, and Tina would frequently mute the phone, apparently to receive directions from her father about how to respond to her mother.

Jenny described how Juan would repeatedly tell her how she needed him and that she was nothing without him. He also told her that she was only permitted to speak to him, since he was her husband, and not to other men. Whenever Jenny talked to other men, even a delivery person, Juan accused her of having an affair. He called her a “whore” and told her that she was worthless and incapable of living without him.

Jenny was an indigent, minority client and was receiving legal services pro bono. Her attorney told her that, although her husband had no legal right to keep her daughter from her, it was best to allow the court to decide the matter, thus leaving her without access to her daughter for months. This was very difficult for Jenny since she had been a devoted mother. Tina had asthma, and Jenny often worried that she was not receiving her inhaler. Tina also was in remission from leukemia, and Jenny recounted how she would spend sleepless nights administering her medications round the clock while her husband slept through the nights. She talked about how she was trained to administer the medications and that Juan chose not to take the training.

Step 1: Identify the Client’s emotional reasoning chain

I began by actively listening to the client and reflecting back her meanings. This was consistent with Step 1 of LBT, which is client-centered and nondirective. In LBT, such person-centered skills are used to identify the client’s emotional object (O) and their rating of this object (R); then using the latter to construct the client’s primary practical syllogism; and then identifying any other syllogisms that interface with the latter syllogism.

Following the phenomenologist Edmund Husserl (2001), LBT holds that all states of consciousness, in particular emotions, have intentional objects. The latter are what emotions are about, for example, what one is angry about; depressed about; guilty about; and anxious about. Further, emotions also have ratings, that is, they (negatively or positively) rate or evaluate some aspect of their intentional objects.

In this stage, the goal is to build trust and to allow the client to tell the therapist what, indeed, she perceived to be the problem she wished to target. The goal at this stage is not to analyze data but to acquire it, especially O + R, and related information.

Jenny talked about her close relationship with her mother and father, and how, prior to marrying Juan, she was happy, and how she now wanted to feel the way she used to feel. We focused on her feelings about herself when her husband called her derogatory names (“whore,” “stupid,” “incompetent,” etc.), and she talked about how she would try to do things that would gain his approval. Consequently, it became clear that one of her intentional objects (O) that played a key role in her

emotional reasoning in the context of her relationship with her husband was that of gaining his approval. Further, when asked about how she felt when she failed to gain this approval, she stated that she felt worthless, which was her rating (R).

According to LBT, the elements of O + R can be used to identify types of emotions. For example, the intentional object (O) of guilt is a perceived violation of a moral principle one holds, and the rating is either a strong negative rating of the perceived violation or of oneself. Whereas the intentional object of anxiety is a possible, future state of affairs and the rating is a strong negative rating of this possibility and a perceived need to ruminate about it. Table 1 provides examples of several common, negative emotions identified by their specific O + R elements.

Table 1

Commonplace Negative Emotions Defined in Terms of Objects (O) and Their Ratings (R)

Emotion (E)	Intentional Object (O)	Rating (R)
Anger	An action	Strong negative rating of the action or the person who performed it.
Guilt	A moral principle, one perceives oneself to have violated.	Strong condemnation of the perceived violation or oneself.
Sadness	An event or state of affairs.	Serious negative rating of this event or state of affairs on the basis of its perceived negative effect on one's own life, on lives of others, on the world, or on some part of it.
Depression	An event or state of affairs.	Strong, negative rating of this event or state of affairs on the basis of which one persistently, over a period of time, bleakly perceives one's own existence as worthless or hopeless.
Grief	The loss of a loved one.	Strong, negative rating of this loss on the basis of which one intermittently perceives one's own existence.
Anxiety	A possible future state of affairs.	Strong, negative rating of this possibility, such that one perceives a need to ruminate about it.
Shame	An action or state of oneself.	Perception that others are strongly, negatively morally rating oneself, or one's action or state. One perceives this social rating to be extremely undesirable and as a reason to strongly, negatively morally rate oneself, or one's action or

		state.
Jealousy	A person or state of a person, who has something that one wants, but which one lacks.	Negative rating of the person’s having that which one lacks.
Pity	A person (or animal) who is suffering in some particular way.	Strong negative rating of this suffering and wish that something be done to stop it.

The client’s O + R elements of emotions can, in turn, be used to construct her emotional reasoning. The latter reasoning takes the form of *modus ponens* wherein the major premise is a Rule expressed in terms of a conditional statement, If O then R, and the minor premise is a report expressed as O. The conclusion deduced from these two premises is, in turn, R. Thus, using the O + R gleaned from our dialogue, Jenny’s primary practical syllogism appeared to be the following:

[Rule] If I don’t get my husband’s approval, then I’m worthless.

[Report] My husband does not give me his approval.

[Conclusion] So I am worthless.

To test my hypothesis that this was truly Jenny’s reasoning, I asked, “So if you don’t get your husband’s approval, you think you’re worthless, and since you don’t (often) get it, you think you’re worthless?” Jenny confirmed my hypothesis.

Investigating the source of Jenny’s Rule, I asked her if her husband’s approval was just a preference or whether it felt like a *need* that she had. To answer this question, I asked her to imagine that she was now not getting Juan’s approval. Jenny indicated that it felt more like a need, and not something optional such as a preference. This generated a further interfacing syllogism. Thus:

[Rule₁] I *must* have the approval of my husband.

[Rule] So, if he doesn’t give it to me, then I am worthless.

[Report] My husband does not give me his approval.

[Conclusion] So, I am worthless.

Investigating the implications of her conclusion that she is worthless, I asked, “What does it mean to say that you are worthless?” She responded, “I can’t do anything for myself,” meaning she is incapable of surviving on her own, which is what Juan constantly told her. This, in turn, added a further interfacing syllogism to the bottom of the chain:

[Rule₁] I must have the approval of my husband.

[Rule] So, if he doesn’t give it to me, then I am worthless.

[Report] My husband does not give me his approval.

[Conclusion] So, I am worthless.

[Rule₀] If I am worthless, then I can't do anything for myself.

[Conclusion₀] Therefore, I can't do anything for myself.

The above syllogistic chain provided a definition of the client's problem. It formed the basis of the client's loss of self-esteem and powerlessness over her life. She had deduced from her conclusion that she was worthless, that she *could not* manage on her own. Yet, she was now faced with living and surviving on her own.

My clinical records included the complete emotional reasoning chain given above. This was a major part of the baseline data that I was to use in determining whether the subsequent LBT intervention was efficacious.

Such self-stultifying reasoning chains were also part of the client's own records. This was a consequence of a workbook she used as a substantial part of her therapy. The latter workbook, which I had developed, was entitled *Cognitive-Behavior Therapy for Those Who Say They Can't: A Workbook for Overcoming Your Self-Defeating Thoughts*. I asked this client to complete the reflective and behavioral activities in the chapter on "Overcoming Low Self-Reliance." This workbook provided space for the client to keep a log of her cognitions, feelings, and behavioral activities surrounding her low self-reliance thinking.

As part of each session, we discussed her entries and behavioral assignments, the outcomes of which I, in turn, noted in my clinical notes. This gave us both a log that could be used to gauge subsequent client progress in the intervention stage. For example, data collected in the workbook, at this preliminary stage, included different instances of the client's "low self-reliance thinking" (emotional reasoning stemming from the demand for approval) that kept her from doing things she wanted to do; the feelings she experienced when she decided not to pursue these opportunities, the language she used to disempower and thwart herself, among other related data entries. These records also contained quantifiable as well as qualitative dimensions such as the frequency and intensity of such data (for example, the number of opportunities she had foregone because of her low self-reliance thinking, and the intensity of the feelings of self-doubt she experienced). Here was the collection of baseline data that could subsequently be compared during and after completion of the LBT intervention to determine the extent of client progress or lack thereof.

Step 2: Identify any cardinal fallacies in the client's premises

Formulating Jenny's reasoning allowed us to key into the fallacies in her premises. I explained to her that there are certain types of thinking mistakes in the premises in her reasoning called "cardinal fallacies" that could lead to self-defeating negative results. Table 2 provides information about each of these

fallacies (Cohen, 2009a). In Jenny’s case we were able to flag three of these fallacies in her premises. They were, respectively, Demanding Perfection (Approval Type) in Rule₁, Self-Damnation in her Rule, and Behavioral Can’tstipation in Rule₀:

[Rule₁] I must have the approval of my husband [Demanding Perfection: Approval].

[Rule] So, if he doesn’t give it to me, then I am worthless [Self-Damnation].

[Report] My husband does not give me his approval.

[Conclusion] So, I am worthless.

[Rule₀] If I am worthless, then I can’t do anything for myself [Behavioral Can’tstipation].

[Conclusion₀] Therefore, I can’t do anything for myself.

Table 2

Cardinal Fallacies, Their Types, Descriptions, and Illustrations. Gray Regions Indicate Fallacies of Reports; Unshaded Regions Indicate Fallacies of Emotional and Behavioral Rules

Cardinal Fallacy	Fallacy Type	Description	Illustration
Demanding Perfection	Rule	Commanding, demanding and dictating the terms of external reality based on premises about one’s own subjective desires or preferences.	“I must never fail or make mistakes.”
Bandwagon Reasoning	Rule	Blind, inauthentic conformity of belief and/or action often deduced from the demand for approval of others.	“If others are taking PCP, then it’s okay for me to take it too.”
The-World-Revolve-Around-Me Thinking	Rule	Thinking that one’s own beliefs, values, desires and preferences are the only true, right or acceptable ones and that therefore, everyone else must accept them.	“If I am a Republican then you should be one too.”
Catastrophizing	Rule	Reasoning from bad to worst or exaggerating the badness.	“If I don’t get into Harvard like my dad, then it’s the worst thing that could happen to me.”
Damnation	Rule	Devaluation of self, others, one’s life or the world.	“If bad things happen to good people, then the world is a bad place.”

			<p>“If you don’t follow directions, you are stupid.”</p>
Can’tstipation	Rule	<p>Obstructing one’s creative potential by holding in and refusing to excrete one’s emotional, behavioral, volitional, or cognitive <i>can’t</i>.</p>	<p>“If there are risks, then I <i>can’t</i> do it.”</p> <p>“If it takes a lot of time, then I <i>can’t</i> stand it.”</p> <p>“I <i>can’t</i> control my temper if people treat me badly.”</p> <p>“I <i>can’t</i> stand it when others make mistakes.”</p> <p>“I <i>can’t</i> stop thinking about it if people are rude to me.”</p>
Dutiful Worrying	Rule	<p>Dutifully and obsessively disturbing oneself and significant others.</p>	<p>“If my child has a problem then I must keep ruminating about it until I come up with a perfect solution.”</p>
Manipulation	Report	<p>Using force, intimidation, threats, deception, chicanery, or other manner of control, instead of rational argument, in order to get a person/s to act, think, or feel a certain way.</p>	<p>“If you don’t sleep with me then I’m breaking up with you.”</p>
Distorting Probabilities	Report	<p>Making predictions about the future that are not probable relative to the evidence at hand.</p>	<p>“If I don’t get into Harvard Law then I will never get a job at a top law firm.”</p>
Oversimplifying Reality	Report	<p>Overgeneralizing, pigeonholing, and stereotyping.</p>	<p>“All men are after just one thing.”</p> <p>“No one ever helped me.”</p> <p>“Either you’re a friend or foe.”</p>

Blind Conjecture	Report	Advancing explanations, causal judgments, and contrary-to-fact claims about the world based on fear, guilt, superstition, magical thinking, fanaticism, or other anti-scientific grounds.	“If I hadn’t worn that sexy dress he wouldn’t have raped me.”
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However, simply pointing out these fallacies is not sufficient to discredit them because clients, who have relied on these forms of thinking, are inclined to accept them. Indeed, this is why they have assumed them in the first place without rejecting the reasoning based on them. Hence, it is necessary to help the clients see just why they are irrational.

Step 3: Refute any fallacy

This involves demonstrating that the premise in question leads to inconsistency, absurdity, double standards, lack of adequate evidence, or is self-defeating. Like its parent theory (REBT), LBT provides strategies for *refuting* clients’ irrational beliefs, which include helping clients find *inconsistencies* in their belief systems generated by their fallacies (“Do you know anyone who doesn’t have the approval of a significant other but who is not worthless?”); *double standards* (“You are prepared to call yourself worthless, but would you think this of one of your friends if she were in the same boat as you?”), *reduction to the absurd* (“If you are worthless for not getting someone else’s approval, that would mean that even very famous people whose husbands divorced them would be worthless”); and *pragmatic refutation* (“Calling yourself worthless will only discourage you, and prevent you from even trying, which is self-defeating”).

Because Jenny deduced behavioral can’tstipation from self-damnation, and self-damnation from demanding perfection, we targeted the latter. This is because, once demanding perfection is shown to be irrational, the edifice of fallacies deduced from it loses its support. This does not mean that the other fallacies should not also be refuted individually. However, clients are less likely to persist in accepting (on an intellectual level) lines of thought they realize are based on irrational premises.

In the present case, I helped the client see that thinking that she *must* have the approval of her husband (Rule₁) was inconsistent with reality since if obtaining the approval of her husband was truly *necessary* (true in all possible worlds), she would have already always had it, which was patently false. The client also realized that demanding her husband’s approval was self-defeating since the more she tried to gain her husband’s approval, the more demeaned and dejected she felt when she failed.

However, notwithstanding her *cognitive* appreciation of the irrationality of her

perfectionistic rule, she still *felt* the need for her husband’s approval, and hence berated herself when she did not get it (Self-Damnation). Accordingly, like other cognitive-behavioral approaches, LBT helps clients such as Jenny to *emotionally*, as well as cognitively appreciate the irrationality of their irrational thinking.

Step 4: Identify a guiding virtue that counters each fallacy

In contrast to other cognitive-behavioral approaches, LBT utilizes virtue theory as a component of an intervention package to align emotion and cognition. It provides a *systematic methodology* for moving beyond this negative interventional level of constructive change to the aspirational or positive goal-oriented level. It does so by introducing a set of *guiding virtues*, based on an Aristotelian analysis, which it systematically pairs with respective Cardinal Fallacies. These virtues include courage, temperance, tolerance, decisiveness, metaphysical security (security about reality), respect for self, others, world, and life; objectivity, empathy, prudence, authenticity, and empowerment, among others (Cohen, 2021; 2009b; Zinaich, 2019; Guajardo, 2021). Table 3 provides a guiding virtue for each of the cardinal fallacies, as well as a description of each of these virtues.

Table 3. The cardinal fallacies and their guiding virtues with descriptions of each of these virtues.

Cardinal Fallacy	Guiding Fallacy	Descriptive Virtue
Demanding Perfection	Metaphysical security (security about reality).	Accepting, emotionally as well as intellectually, the imperfections in reality, including human fallibility, uncertainty, inability to control everything, inability to know all, and the existence of bad and unwanted things.
Jumping on the Bandwagon	Authenticity (being your own person).	Autonomously and freely living according to one’s own creative lights as opposed to losing oneself on a bandwagon of social conformity.
The World-Revolves-Around-Me Thinking	Empathy (connecting with others).	Transcending one’s own ego-centered universe by connecting (cognitively, emotionally, and spiritually) with the subjectivity of others.
Catastrophizing	Courage (in the face of evil).	Confronting adversity without under or overestimating the danger. It means fearing things to an extent that it is reasonable to fear them and, in the face of danger, acting according to the merits of the situation.

Damnation (of self, others and the universe)	Respect (for self, others, and the universe).	Unconditionally accepting oneself, others or the world, avoiding the tendency to rate the whole self, other, or the world according to an aspect or part of it (e.g., misguided actions or bad things that happen)
<i>Can't</i> stipation: Emotional Behavioral Volitional Cognitive	Self-Control: Temperance Decisiveness Tolerance/Patience Serenity (Peace of Mind)	Exercising rational control over one's emotion's (temperance), actions (decisiveness), will (tolerance /patience), or thoughts (serenity); avoiding self-stultifying, unrealistic usage of "I can't."
Dutiful Worrying	Prudence (in addressing moral problems).	Philosophically grasping and applying moral standards to resolve perceived moral problems; using proactive thinking instead of procrastination, dilemma thinking, or decision by indecision in confronting the uncertainty and ambiguity of moral choices
Manipulation	Empowerment (of others).	Treating others as rational, self-determining agents in contrast to trying to get what you want through power plays, intimidation, and deceit.
Oversimplifying Reality	Objectivity	Making unbiased, empirically sound discernments in practical matters; avoiding stereotypical and prejudicial judgment.
Distorting Probabilities	Foresightedness (in assessing probabilities).	Generalizing about the material world and predictions about the future that are probable relative to available evidence.
Blind Conjecture	Scientific Thinking.	Applying scientific method to explain the whys and wherefores of existence; avoiding superstition, magical thinking, religious fanaticism, judgments based on fear or guilt, and other unscientific ways of explaining reality.

As Aristotle (1941) maintained, what is virtuous is relative to the situation in which one finds oneself. What is courageous for a client who suffers from agoraphobia (fear of leaving the home), namely venturing outdoors, may not be for a client who is extroverted. For a gay client who lives in a homophobic society,

“coming out” can take great courage whereas, for a heterosexual client in the same society, disclosing one’s sexual orientation is unremarkable. Hence, cultivation of virtue involves considering the client system, including personal characteristics, relationships with others, the social and cultural context, economic conditions, etc. As such, LBT admonishes practitioners to meet their clients where they are and not where they want or expect them to be.

In Jenny’s case, here was a survivor of an abusive relationship that taught her that women were inferior to men, that she should only speak to one man, namely her husband, that women should not work, that they were weak, and were nothing without a man, by their side, to take care of them and tell them what to do. Hence, she was subjected, daily, to such continued subjection until she came to believe this self-degrading narrative on an emotional if not an intellectual level. More specifically she had acquired a *felt need* and corresponding demand for the approval of her husband, which placed a great strain on her ability to cope on her own.

Accordingly, we focused on building greater metaphysical security, which is the guiding virtue of demanding perfection. That is, we focused on becoming more secure about *self-reality*, that is, cultivating a stable sense of self-worth that was not a function of the approval of others. Here were three interdependent (mutually reinforcing) guiding virtues, that of metaphysical security, self-respect, and decisiveness (in making her own decisions), which respectively provided guiding virtues for demanding perfection, self-damnation, and behavioral *can’tstipation* (see again Table 3). In addition, because Jenny’s demand for others’ approval led her to prioritize others’ values over her own (for example, she dressed and cut her hair to please her husband instead of herself), we included *authenticity* in this set of guiding virtues. Hence, Jenny’s main therapeutic goal, broadly expressed, was to work (collectively, and singly) toward strengthening these four virtues of self-reliance. *It was, accordingly, hypothesized that in achieving some measure of this goal, she would engage in fewer occasions of demanding perfection, self-damnation, behavioral can’tstipation, and bandwagon conformity.*

Step 5: Help the client to find an uplifting philosophy

This is an uplifting concept that interprets a corresponding virtue in a manner that resonates with the client’s own world view (Cohen, 2007; 2021). It is here that LBT, unlike any other cognitive-behavioral approach, incorporates uplifting philosophies to build clients’ guiding virtues according to their own philosophical lights. These philosophies are, effectively, the concepts that clients use to guide the process of operationalizing their guiding virtues.

Because virtues can be viewed from diverse philosophical perspectives, and because client’s belief systems are diverse, LBT encourages clients to be guided

by their own philosophical lights in interpreting their guiding virtues. In working through the homework assignments in the *Workbook*, Jenny was exposed to several contrasting philosophical conceptions of the four virtues. For example, regarding decisiveness, we explored existential ideas such as Jean-Paul Sartre's idea that one is no more than the sum of one's actions, and that one is "condemned to be free"; stoic ideas such as Epictetus' idea to act on one's own judgment as though it were a law and disrespectful not to obey it; and Juan Stuart Mill's idea of not being a "willing slave" of others who try to control your will (Cohen, 2022).

Of the above ideas, Mill's idea of not being a willing slave resonated the most with Jenny, and she informed me that she was no longer going to be a "willing slave." This, then, was the concept of decisiveness (in making one's own decisions) that the client embraced; and it was also one that supported the client's ideas of what being authentic and self-respecting also entailed. It was also one that entailed metaphysical security about not always having the approval of others.

Step 6: Develop a cognitive-behavioral plan based on the philosophy and act on it

It is here that we worked on operationalizing the client's concepts of her virtues. This means translating them into a set of behavior that the client can act on, with the encouragement of the counselor, to cultivate her virtues. Thus, for example, I asked the client what Mill would tell her about how to be more authentic, decisive, self-respecting.

The point was to come up with a set of behavioral goals (broadly interpreted to include covert—cognition and affect--as well as overt behavior) that would operationalize the latter virtues. In this regard, guided by the *Workbook*, the client came up with several "shame attacking exercises" she believed would make her less of a willing slave. For example, she was embarrassed to go for a walk in the park, or to wear a dress in public, for fear of what others might think or say about her. Thus, each week the client creatively came up with different behavioral assignments of this nature. She gradually increased these activities to be more challenging such as taking on assignments at work that would potentially expose her to negative judgment by others.

In addition, we talked about other behaviors that would strength her virtues. Regarding her husband's attempt to keep her child from her, we discussed ways to become more authentic and self-respecting. Below is a list of some of these:

- Confront husband about his having no legal right to keep daughter from seeing her.
- Pin lawyer down about date of mediation.
- Contact other lawyers outside the county.
- Follow up with a friend's recommendations for lawyers.

- Contact ___legal services again.
- Follow up with college representative about a program in criminal justice the client was interested in pursuing.
- Review “Mona Lisa Smiles” (a movie assigned as bibliotherapy).
- Change her hair style and mode of dress according to her own values.
- Create new shame attacking exercises.
- Take on new responsibilities at work that carry a risk of failing.

At termination of the sessions (after 9 weeks), the client accomplished all the above, in addition to other activities she believed made her more self-respecting, decisive, authentic, and secure. Prior to her sessions, this client did not consider the possibility of attending college and building a professional career. She did not think that she was capable of living on her own successfully or standing up to her husband. Importantly, she spoke about how she did not engage in her disempowering low self-reliant thinking. That is, she very infrequently demanded approval, self-damned herself when she did not get it, told herself that she couldn't do anything for herself, or did things just to gain the approval of others. The client expressed gratitude for the progress she has made. She said that she was in a “shell” and that she is not anymore.

Conclusion

LBT can provide philosophical practitioners with tools whereby philosophy can be incorporated into their practices to empower their clients to make constructive changes in their lives. Far from being purely abstract and esoteric, the concepts of philosophy can be operationalized and measured, thereby providing practitioners with a modality of counseling that permits measurement of client outcomes. From its definition of emotions in terms of O + R to its operationalized philosophical interpretations of guiding virtues, the theory lends itself to scientific rigor, unlike any other currently proposed philosophical counseling modality. It also clarifies the connection between philosophical ideas (for example, not being another's “willing slave”), client empowerment, and constructive change, which are key ideas that largely define effective philosophical practice.

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