1 CBT and the other psychological therapies in an age of happiness

Richard House and Del Loewenthal

Introduction

In this book, we intend to begin a long overdue conversation across the richly diverse psychological therapies field, in which eminent representatives of the different therapy modalities explore their approach’s world view and praxis in relation to that of cognitive behaviour therapy (real or perceived). The seemingly inexorable rise of cognitive-behaviour therapy (hereafter, CBT) in modern Western culture has been perhaps the central talking point in the profession-centred conversations that can routinely be found in both professional and informal therapy circles. Certainly, the various schools of counseling and psychotherapy might be expected to have very diverse ‘takes’ on the rise of CBT, with relatedly distinct ways of making sense of that ascendancy, and with their own distinct theoretical responses to the ontological assumptions and world view underpinning CBT theory and praxis. To our knowledge, and somewhat to our surprise, there exists to date no substantive literature that attempts to ‘compare and contrast’ the various therapy modalities with CBT, in terms of the broad philosophical and practice-based assumptions that underpin and inform them.

A psychoanalytic perspective, for example, might highlight the impact of CBT’s rise on the unconscious phantasies of practitioners, whose very livelihood and professional survival might be felt to be under imminent threat, as CBT is increasingly legitimized by the state as the ‘treatment’ of choice for many presenting problems. Such a perspective might also highlight the competition and ‘battle of ideas’ that, arguably, are always raging in the psy field (e.g. Dryden and Feltham, 1992, Feltham, 1999; Clark, 2002), but which is perhaps particularly acute at times of unusually scarce resources and the associated struggles for hegemony and power, whether overt and conscious or otherwise. A humanistic approach might bemoan the relative downgrading in importance of ‘the emotional’ that seems to be accompanying the rise of the (allegedly cognitively biased) CBT with, for example, its com-
mon emphasis on the primacy of ‘the cognitive’ (thinking) over ‘the emo-
tional’ (feelings) (e.g. Padesky and Greenberger, 1995). A postmodern therapy 
perspective (e.g. Loewenthal, 1996; House, 2003; Loewenthal and Snell 2003) 
might focus on the assumptions about ‘the self’, the human subject and the 
nature of human relationship that are necessarily entailed in CBT praxis, and 
might crucially deconstruct those assumptions, and the very status and nature 
of the ‘scientific’ knowledge to which CBT claims to give rise. And a trans-
personal approach might not only assume a world view that explicitly acknow-
ledges the efficacy of the ineffable (Klein, 2003) and the spiritual in human 
experience (Margitics, 2009), but it might also question at a very deep level the 
very nature of human suffering itself. And it would also tend to embrace a very 
different philosophical view about what constitutes valid ‘knowledge’ (e.g. 
Polanyi, 1996; Puhakka et al., 1997; Hart et al., 2000).

The latter perspectives, then, offer just a flavour of the kinds of issue that 
this book attempts to address. We believe that these comparative modality 
positions constitute crucial questions with which a rapidly maturing therapy 
field is surely now ready to engage in a relatively undefensive way, rather 
than the modalities continuing to snipe at (or ignore) each other from their 
schoolist bunkers (Clarkson, 1998), and in the process generating far more heat 
(and collateral damage) than light. This is most certainly not to argue, 
however, for some kind of ‘lowest common denominator’ eclecticism or naïve 
integrationism, whereby substantive, and even philosophically incommensur-
able differences (Kuhn, 1962; Chang, 1998) that exist between CBT and the 
other modalities are politely (but misguidedly) ignored.

This book is part of a larger project we are engaged in at Roehampton 
University, exploring the place of theory, forms of knowledge and research 
within the psychological therapies. We first attempted to open up a conversa-
tion regarding CBT and the other psychological therapies, particularly in 
terms of paradigmatic, epistemological, political and cultural perspectives, in 
the European Journal for Psychotherapy and Counselling (House and Loewenthal, 
2008b), and in the book Against and For CBT: Towards a Constructive Dialogue 
(House and Loewenthal, 2008a). This book’s level of sales and positive recep-
tion provided one early indication that we had had some success in opening 
up a conversation in the field. A relatively small proportion of that book was 
given over to what we termed ‘clinical perspectives’, and it is this initial 
exploration that we have made the entire focus of this book.

There is one further aspect, common to both books, that we would like to 
mention here; namely, our own positionings in relation to the issues we are 
raising here. For while we hope that our own position has become more open 
to self-examination and reflexivity as a result of this work, it is important for 
the readers (and ourselves!) to have some understanding of our own relation-
ship to CBT – not least, so that they can judge for themselves the extent to 
which the arguments and approach we have adopted really lead to a genuine
opening up of a dialogue, or whether they are merely an attempt to establish more favourable grounds for our own position on which to base an apology for an authentic dialogue.

In this regard, in Against and For CBT, we stated:

... we of course have our own views about CBT, which are located toward the critical end of the debate – ranging between, on the one hand, the view that CBT as one approach amongst many within a rich plurality of different approaches is fine – particular for those who cannot bear the thought of thoughts coming to them – though disastrous as the main approach for a whole society (DL); and on the other, to the fundamental questioning of the assumptive (modernist) worldview that underpins CBT’s foundational theory and practice (RH).

Yet, we would like to think that we are both also committed to embracing a questioning, deconstructive sensibility in our work – and not least toward our own cherished and taken-for-granted assumptions and prejudices; so in this book, we have actively welcomed an open and mutually respectful dialogue between some of CBT’s most articulate critics, and several of CBT’s many able theorists and practitioners. It will not serve either ‘side’ if each merely snipes at the other from deeply entrenched positions and defences, without each, at the very least, making a genuine effort to understand the other’s position.

(House and Loewenthal, 2008a: 7–8, original italics)

It is in this spirit, then, that we introduce the reader to the structure and content of what follows.

The book’s outline and structure

In deciding how to structure and organize what follows, we wished to strike some kind of balance between a book that was sufficiently coherent such that common comparative themes could be traced and followed through across the different therapeutic modalities, on the one hand, and on the other, a book that left the contributors sufficient latitude such that the distinctive attributes characterizing their approach had the opportunity to be expressed. We certainly have some doubts about overly formulaic books, and we hope that the delicate aforementioned balance has been achieved, at least to a good enough extent.

While endeavouring to make our suggested contributors’ chapter template as inclusive as possible, then, we also accept that there will exist very real ‘paradigm incommensurabilities’ between modalities, such that some approaches will place very different emphases on different headings, and with some even
rejecting some of the suggested headings we laid out. Thus, for example, as Ian Parker states in his chapter, Lacanian analysts tend to eschew any idea of a ‘model of the person’; and they also carefully avoid any attempt to generalize about human experience on the basis of their modality approach; and they also ‘refuse the lure of “objectivity” and “evidence”’ (Parker, Chapter 6).

While there is therefore some inevitable unevenness in the ways in which contributors have interpreted our suggested comparative framework between each modality and CBT, we were impressed by the extent to which there does exist a good enough coherence in the comparative themes addressed in each chapter. Moreover, we certainly see any diversity between chapters that does exist as a strength rather than a weakness, not least because it pays due honour to the importantly distinctive ‘voice’ that each modality holds and represents in the field.

While wishing to give our contributors at least some flexibility in fashioning their chapters in accordance with a broad organizing framework, then, we proposed to them the following generic questions, for each to draw on in fashioning their contributions:

1 The world view underpinning your approach; for example:
   • Model of the person
   • Can we generalize about human experience on the basis of your approach?
   • The possibility of objectivity?
   • Does your approach have a distinctive view on ‘evidence’?
   • Does your approach have a view on, or an approach to, ‘intersubjectivity’?
   • Where does your approach sit on the materialism/transpersonal continuum?

2 What are the advantages and disadvantages of your approach in relation to CBT?

3 What is your approach’s view regarding the alleged ‘cost-effectiveness’ and evidence/research-based ‘efficacy’ of the CBT approach?

4 Your approach’s conception of therapeutic change?

5 How well, if at all, does or can your approach cohere with so-called ‘medical-model’ thinking?

6 What place do the notions of ‘happiness’ and well-being hold in your approach?

7 How could or might your approach respond to the ‘Layard thesis’ that many hundreds of thousands of people are needing relief from psychological/emotional distress and unhappiness?

8 To what extent, if at all, would it be possible for your approach to align itself with, or even create a hybrid with, CBT?
Questions of ‘evidence’ and research

It is important to declare at the outset that we both tend to take a critical, postmodern perspective on questions of evidence and research in counselling and psychotherapy (e.g. Loewenthal, 2007; House, forthcoming) – at least some of which viewpoints are shared by our modality contributors; so in the service of balance and pluralism, we particularly welcome, in Chapters 10–12 inclusive, the responses of our eminent CBT contributors to these critical viewpoints. Thus, for us, the rise of such ‘modernist’ totems as ‘outcome research’, ‘clinical audit’ (House, 1996, 2008b; Power, 1997; Loewenthal, 2009), empirically supported/validated treatments, systematic reviews, randomized controlled trials (RCTs), the National Institute of Clinical Excellence (NICE) guidelines and ‘evidence-based practice’ has come to dominate much recent research in the psy field, and to become directly associated with CBT – certainly within National Health Service (NHS) contexts. With statutory regulation of the UK psy field via the Health Professions Council increasingly dominating psycho-politics, a new hegemonic language has arguably come to create a new ‘regime of “scientific” truth’ in the field (House, 2003), pre-occupied as it is with notions like ‘standards’, ‘quality assurance’, ‘audit’ and ‘cost-effectiveness’ – a language that practitioners increasingly simply have to use (Lees and Freshwater, 2008) (or at least go through the motions), if they are to be taken seriously in the modern super audited NHS (Power, 1997). For many if not most psy practitioners, these are quite alien, ‘managerialist’ concepts that simply do not belong in anything approximating values-congruent practice (House, forthcoming). Moreover, these developments also represent a critical shift in the locus of power away from the professional autonomy of practitioners themselves, and towards managerial and administrative bureaucracy (Lees and Freshwater, 2008).

It is within this (for us) disturbing context that this new book should be located, with the editors forcefully arguing that practitioners should just as legitimately be viewed as researchers as are academics and service managers, and advocating a Feyerabendian line (Feyerabend, 1975) that no one (‘scientific’) paradigm should be assumed to be dominant or more valid than a multiplicity of others that are available. We agree with Lees and Freshwater (2008) in their wish to establish what they term an ‘epistemology of practice’, which they hope will help to redress a balance that has tipped far too much towards the kind of ‘technical rationality’ that drives the dominant positivistic paradigm.

So beyond the limitations of empiricist/positivistic science, how do we ascertain the advantage and disadvantage of various competing approaches? This question can be posed from both an individual as well as from a policymaker’s perspective – though if one agrees with the research that is being used, it would appear that there may well exist far greater variations within a given
CRITICALLY ENGAGING CBT

modality (under the influence of all kinds of confounding variables) than there are between them (e.g. Stiles et al., 2007).

There are also all manner of complex questions that arise around the issue of ‘cost-effectiveness’. There can, for example, exist very different bases for assessing costs, and not least, in relation to the ontological assumptions one makes regarding what might constitute a ‘cost’. Certainly, defining precisely what a ‘cost’ might consist in is far from being unproblematic, and perhaps inevitably entails the incursion of unquantifiable values into the discussion. There are also important social and political questions about who should pay for society’s cultural embracing of the psy therapies, and related questions about the legitimate the role (or otherwise) of the state in extensive psy provision and evaluation.

Further, from an epistemological and research perspective, what is currently regarded as the nature of evidence and research in our field, and is it sustainable epistemologically, when subjected to searching and deconstructive interrogation? (e.g. Slife and Williams, 1995). Questions of ideology inevitably rear their inconvenient head in any such discussion. There is arguably a need to consider other forms of evidence from research activity that may be more suited to the psychological therapies (Lees and Freshwater, 2008), yet contradict the current dominant evidence/research discourse. Interesting things have recently been happening in France, for example, where it seems to have been accepted politically that psychoanalysis should not be subject to prevailing, positivistic (Anglo-Saxon?) notions of ‘evidence-based practice’, but rather, should be allowed to develop in its own way (Snell, 2007).

Such a discussion inevitably leads into fundamental questions such as ‘What is the nature of psychological therapeutic knowledge?’ It would appear that we do not really know how such therapies work – or, indeed, what therapists are actually doing in their work (Spinelli, 1995; House, 2003). Furthermore, notwithstanding phenomenology’s compelling arguments against theory (Heidegger; Merleau-Ponty; see House, 2008a), it is increasingly being questioned whether various competing theories might exist more to take the psychological therapists’ minds off their problems than necessarily to be of any direct benefit to their clients/patients themselves (Craib, 1987; Heaton, 2000; Loewenthal, 2008).

A further interesting consideration is the compelling and potentially revolutionary proposition that there may be some common factor (or factors), or so-called non-specific factors (Bergin 1982; Orlinsky 1986; Frank, 1989; Shepherd and Sartorius, 1989; Frank and Frank, 1991) that are helpful and therapeutically potent in all the psychotherapies, with ‘the relationship’ (however we might define the term – which in turn perhaps begs all the questions! . . .) being foremost among them (Beutler and Harwood 2002). We must be very careful here, however, because if it were to be widely accepted that there are relational ‘common factors’ across all of psychotherapies that constitute the
main factor in therapeutic change, then from a political-economic standpoint, what better rationale could there be for embracing the cheapest possible training in creating an ‘army’ of therapists across the land (and currently, of course, that would suggest CBT)? So there are many complex levels of argument that need to be teased out in all this, and we see this book as just the beginning of those crucial conversations.

There might also be a ‘schoolist’ influence here (Clarkson, 1998), in that most people involved in psychological therapeutic research aren’t perhaps so much interested in research per se, as they are in proving that their particular approach is a winner (see, for example, European Journal of Psychotherapy and Counselling, 2009). The psy institutions are also increasingly running conferences partly in order to encourage the use of research, but also to show the government that they can talk the conventional ‘evidence-based’ language (Lees and Freshwater, 2008). At a more overtly political level, in the UK, the two largest professional organizations involved with counselling and psychotherapy are both prioritizing research within their organizations and within their training courses in an attempt to ‘stay in the game’, at least until the government reduces their influence through their plan for the Health Professions Council to take over statutory regulation of the various psychological therapies (Postle, 2007; Parker and Revelli, 2008), and the Department of Health, through a policy entitled ‘Skills for Health’, approve only those therapeutic approaches in the public services that are deemed ‘evidence-based’. And there is also the funding of the government’s new ‘improving access to psychological therapies’ (IAPT) programme, which avoids both these professional bodies – and which is, again, based on CBT.

We have written elsewhere about CBT’s apparent ability to incorporate anything that research has proved to work (House and Loewenthal, 2008a, b). There are many other reasons for CBT’s current popularity, of course, including the fact that it costs much less to train therapists, and that both therapists and, more importantly, society, can condone, and indeed encourage, the prevention of disturbing or unwanted thoughts coming to them (Loewenthal, 2008).

Cioffi (1998) has argued that it is, at least sometimes, a major category error to proceed as if a phenomenon calls for empirical enquiry when what is really wanted with regard to it is ‘clarity as to the sources of our preoccupation and, where appropriate, untroubled contemplation of it’ (Cioffi, 1998: 1). He claims that James Frazer, in his account of human sacrifices and other human rituals, makes this mistake, and so does Freud himself: that is, they try to explain, when what is needed is ‘clarification’ of the significance for us of these phenomena. Perhaps what Cioffi is arguing is less against empirical research, and more about the importance of questioning its appropriateness, and in particular with our difficulty with seeing when this is not what we need. Or put even more radically, perhaps we should begin the task of radically deconstructing the very (modernist) and previously unquestioned notion of ‘research’ itself (House,
forthcoming). Perhaps we therefore need to re-examine questions on, for example, the ideology of ‘outcome research’ in terms of what we regard as ontology, epistemology and methodology (e.g. Gadamer, 1975), and the idea that research can be a tool of ideological dominance (Schostak and Schostak, 2007; Stainton Rogers, 2009). On this view, then, we urgently need to open up theories and methods, both in the psychological therapies and in the way we attempt to research them, not only epistemologically, ontologically and methodologically, but also ideologically, in order to enable that which we cannot and may not ever be able to measure (Klein, 2003), so that it can flourish.

Currently, a dominating positivistic research seems concerned not only with narrow notions of evidence, but with narrow notions of method as well. For one grave danger is that the use of research as an attempt at professionalization, and political game-playing in the name of professional survival, will in fact constrict the nature of the psychotherapeutic endeavour. We might also consider whether there is any possibility that we could work and genuinely search for ‘truth’ with all its associated and unavoidable problematics – to look at whether what we are doing is helpful and how we might improve – rather than attempting to prove that what we are doing ‘works’ in some ‘instrumental-reason’ sense. We need, perhaps, to return to the many devastating radial critiques of positivism with which the social sciences were awash in the 1970s and 1980s, and consider more the relationship between truth and method (Gadamer, 1975) – and, in particular, how the current dominant cultural ideology, as well as underlying modality ideologies, attempt to set up research methods that spuriously masquerade as ‘independent’ and objective.

With specific reference to research and CBT, it can be argued that the state, through its regulation of the psychological therapies, is expediently focusing on symptoms rather than on societal causes (Loewenthal, 2008). In the challenging world of Realpolitik, of course, it is appropriate to have some sympathy with policy-makers who wish to make the best use of their (our) resources, how can we do this if we do not really know how ‘psychotherapy’ even works? What seems to have happened is that the research methods that have come to the forefront are those that sustain this managerialist ideology in favouring those modalities which are the cheapest to provide (House, forthcoming), and which take our minds both individually, and as a society, off the causes of our problems (Loewenthal, 2008).

The age of happiness?

Previously in this chapter, we discussed our own positionings, as authors, in relation to the (clinical and cultural) ‘CBT question’. We had originally decided to include the phrase ‘the age of happiness’ in our book title, but soon discovered that several of the book’s potential contributors questioned this gesture
towards the sociological. Nevertheless, some of our contributors have, in the event, very much responded to what might be termed our current cultural preoccupation with ‘happiness’. We consider that it is not by accident that the meteoric rise of CBT, including the increasing difficulty of defining what ‘CBT’ actually is, together with related developments such as the UK government-sponsored IAPT programme, has occurred contemporaneously with happiness becoming a key consideration in our culture (cf. Pilgrim, 2008).

This culturally fashionable notion of ‘happiness’ is thus given particular emphasis by several of our contributors, especially John Heaton (Chapter 4) and Keith Tudor (Chapter 7). John Heaton takes us on an unusual philosophical journey in investigating just what ‘happiness’, as construed within a specifically therapeutic discourse, might (or might not) consist of. Certainly, the swathe of relatively uncritical literature on ‘happiness’, and the specifically CBT-relevant literature in this field (e.g. Seligman, 1991, 2005; Layard, 2005) has met with refreshing challenges from a number of quarters (e.g. Vernon, 2008; Wilson, 2008); and the jury is still very much out on whether it is even possible or appropriate for modern society to have, or to construct, a culturally accepted understanding of what ‘happiness’ consists of – and indeed, whether its pursuit is at all helpful or appropriate (Vernon, 2008). These are surely arguments and discussions to which the psychological therapies, from their privileged vantage point of working at relational depth with the human condition, can and should embrace (for a beginning, see Fisher, 2009); and the contributors to this book are making the first welcome steps in this regard.

**Introduction to the modality chapters**

The following chapters address these and other questions arising from a comparative (and, we hope and intend) constructive engagement of CBT with some of the other main therapy modalities. The particular modalities we have chosen for critical engagement with CBT are an attempt to provide as broad a range of perspectives as possible from across the richly diverse psycho field, without sacrificing depth for the sake of quantity. We are certainly aware of many more modalities or approaches (some would say well over 400!), which we have had to leave out, due to considerations of space. We are also aware that there are significant differences within these modalities, including CBT, which we have also not been able to represent. There might even be a legitimate discussion to be had, for example, regarding the extent to which it is meaningful to speak of ‘coherent enough’ comparative responses to CBT emanating from relatively self-contained therapy modalities. However, we do think that whatever the particular focus or interest of the reader, the modalities that are represented in the book will, at the very least, stimulate thought, whatever the reader’s way of working, or modality label under which they work. We are
delighted to be so fortunate as to have commissioned contributors who are international leaders in their respective fields.

In Chapter 2, Jeremy Holmes looks, first, at psychoanalysis. Some psychoanalysts have been arguing that contemporary enthusiasm for CBT reflects our longing for swift, rationally based help for, or succour from, psychological suffering (e.g. Milton, 2008). For this reason among others, competition for funding is threatening the presence of psychoanalysis (and psychoanalytic therapy) in the public sector. Psychoanalysts have suggested that, compared to a psychoanalytic model, a cognitive model is commonsensical but less complex, with less potential explanatory and therapeutic power (ibid.). At the same time, it is acknowledged that cognitive and ‘integrated’ treatments have a key advantage, in that they are often less intrusive and emotionally challenging, and hence more acceptable to at least some patients. It appears that brief, time-limited psychotherapies of either a cognitive or psychoanalytic modality have a similar, modestly favourable outcome, and it is claimed that this may be based more on the ‘dynamic’ than on the ‘cognitive’ elements of therapeutic process. Psychoanalysts are also arguing, however, that formal outcome studies of the more widespread psychoanalytic psychotherapy, and also of psychoanalysis itself, suggest that these long and complex treatments are effective in ways that are claimed to be more comprehensive than CBT.

Anthony Ryle introduces cognitive-analytic therapy (CAT) in Chapter 3. CAT constitutes an attempt to take what is best and most efficacious from what seem, to many, to be very different, even incompatible therapy approaches – cognitive therapy and psychoanalytic therapy – and melding them into a new ‘hybrid’ approach that draws on what is most therapeutically potent from both traditions. Clients are encouraged to think about themselves and their relationships, and to formulate and continuously monitor, with the therapist’s help, what is repeatedly going wrong in their lives. Classical CBT approaches may be used, while, at the same time, psychoanalytic transference phenomena are interpreted as they arise. CAT is founded on the observation that CBT-type approaches may be acceptable to some clients/patients in a way that a more ‘purist’ psychoanalytic therapy might not be, with clients avoiding areas that they may have good reasons to protect. Whether it is possible to combine all the advantages of the different techniques without losing therapeutic power is open to significant question, however. What position this hybrid approach takes in relation to CBT will be interesting and revealing.

John Heaton introduces an existential perspective on CBT in Chapter 4. From an existential therapeutic standpoint, the client is viewed as a totality, and not as the sum of constituent parts, as might sometimes be suggested in or implied by at least some versions of CBT. Existentialists have argued that the psychotherapist is someone who interrelates with the client as if she or he was someone existing in a life-world that is as personal and individual as the client him/herself. In comparison to CBT, an approach informed by existentialism
does not seek to solve problems; rather, its aim, through a philosophical investigation of one’s life, is to further one’s understanding of, and insight into, the many paradoxes that are unavoidable by virtue of living a human life. In his chapter, Heaton takes a strongly philosophical approach, focusing in particular on the nature of what ‘happiness’ might (and might not) consist in (cf. Loewenthal, 2008, 2009).

Peter Stratton introduces family/systemic therapy in Chapter 5. This modality approach is often associated with postmodern ideas and philosophy, as well as with systems theory, and with constructivism, narrative approaches and social constructionism; and from these perspectives alone, it might be expected to have a very different take to the therapeutic process compared with what is arguably a quintessentially ‘modernist’ therapy modality, CBT. 

Prime facie, it might be important to consider the existence of quite distinct ‘schools’ of family therapy in deciding on how the field as a unity might relate to CBT praxis and its underpinning worldview.

In Chapter 6, Ian Parker brings us to Lacanian psychoanalysis. Lacanians commonly take a radical position, arguing that CBT is a therapy that tends to serve market-driven societies, where ‘the self’ is seen as an effort to get better, rather than having some kind of intrinsic truth. If the theory of the human mind that underpins CBT has got any value, Lacanians argue, it needs to be able to explain human cultural production. The key Lacanian concern is that CBT is seen as ‘the cure’ for everyone, as though changing thoughts alone will make everything better. On this view, the sense that each analysis is unique, as are we all as individuals, can sometimes get lost in the ‘one answer fits all’ mentality of much therapy the occurs under the ‘CBT’ label.

Keith Tudor then introduces us in Chapter 7 to a person-centred/Rogerian take on CBT. Some person-centred therapists have recently begun to question the politics surrounding CBT, and also its research bias, as well as the ‘evidence’ that favours CBT over other therapies, including person-centred therapy (PCT) itself (e.g. Tudor, 2008). As a counterpoint to the claimed dominance of CBT in the psychology of cognition and behaviour, Tudor argues that the behavioural and cognitive aspects of PCT are at least as fully articulated, theoretically speaking, as they are in CBT. On the basis of the research evidence of comparative studies and meta-analyses, PCT legitimately claims equivalence of therapeutic effectiveness; and in terms of client/patient choice, it also strongly advocates the promotion of equal opportunities for equal access to a choice of therapies in the public sector.

In Chapter 8 on analytical/Jungian therapy, Ann Casement looks at the differences between a Jungian analytical approach and CBT. The Jungian approach to psychodynamics has both similarities to, and crucial differences from, a more orthodox psychoanalytic approach, represented in Chapter 8 by Jeremy Holmes. While both approaches share an understanding of a ‘dynamic unconscious’ and its efficacy in human experience, they part
company particularly with regard to the role of sexuality in human development, and also regarding the role of what Jungians term the ‘collective unconscious’, which is normally understood in a transpersonal way that is usually missing from both orthodox psychoanalysis, and from CBT. A Jungian ‘model of the person’ is clearly very different from one informed by CBT, and this difference alone will have major implications for the extent to which there is any commensurability between the two approaches, and the ways in which each makes sense of the therapy experience and process.

In the final modality chapter, Stacey Millichamp looks at psychosynthesis in Chapter 9. Psychosynthesis embraces an explicitly transpersonal approach to therapy and therapeutic change which, in its theoretical detail and world view, seems to bear very little resemblance to CBT. Although generalizations must be offered tentatively, CBT is commonly seen as a quintessentially ‘modernist’ therapy modality that tends to at the very least downplay, if not ignore completely, the spiritual or transpersonal dimension in human experience. A stark comparison between the theoretical foundations and metaphysical-cosmological assumptions of the two modalities illustrates the chasm that separates them, both in terms of ‘model of the person’ and approach to praxis.

In Chapters 10–12 inclusive, three internationally renowned CBT practitioners offer authoritative and penetrating commentaries on the eight preceding modality chapters. The first of these respondents is Howard Paul who, in his chapter, ‘Critically engaged CBT’ (Chapter 10), offers an interesting, historically informed perspective on the rise of CBT from its behavioural and cognitivist roots; and like the other respondents, he argues that there is an ongoing misunderstanding of the current nature of CBT. There is a refreshing openness in this chapter to discussing some of the theoretical problems and challenges that CBT has encountered – not least, the relative primacy of affect and thinking; and there is also a welcome willingness to look at what other, previously alien approaches (e.g. a dynamic one) might have to offer CBT. There is also a refreshing honesty about some of CBT’s limitations (e.g. around what Paul terms ‘the 70 per cent conundrum’), and also CBT’s crucial embracing of the importance of ‘the relational’ which, it is admitted, had perhaps been unduly neglected in earlier manifestations of the approach. There is notably no attempt in this chapter, however, to engage with the broad paradigmatic issues that many of the book’s contributors, including ourselves, have flagged up in the book. Yet the preponderance of medical-model terminology in Paul’s chapter does indeed suggest that he is writing from a paradigmatic position or world view – albeit an unarticulated and largely unspecified one. Yet we were also delighted to see poetry being used in the CBT approach that Paul describes.

What comes across strongly, again, is the extent to which one can meaningfully still call an approach ‘CBT’ when, if one were to compare its procedural details and theoretical underpinnings with earlier approaches that have previously existed under the same label, the differences are such that one
would be very hard pressed indeed to argue that they should come under the same modality label, and so be referred to by the same name!

In ‘CBT, happiness and evidence-based practice’, Michael Proeve argues in Chapter 11 that a least some of the pictures drawn of CBT in the modality chapters are ‘overly mechanistic and coldly cognitive’. His approach is therefore to give an account of some of the changes that have occurred since the original CBT approaches were first articulated, focusing in particular on the role of cognition in CBT, the therapeutic relationship in CBT, and moves towards integration within CBT. Proeve then helpfully discusses those areas in which CBT is arguably less than fully developed; namely, in case formulation, personal experience by therapists, the question of meaning, responsiveness to research and CBT’s adaptability. Proeve also considers the engagement of CBT with the ‘happiness’ agenda that several of the book’s modality contributors address, including a discussion of evidence-based practice. There is also some emphasis on what Proeve terms CBT’s ‘eclecticism’; and he finishes his chapter with some reference to the so-called ‘third-wave’ behaviour therapies (BTs) like dialectical behaviour therapy (DBT) and (ACT) acceptance and commitment therapy, which Proeve interestingly sees as being ‘related but separate from CBT’. He interestingly concludes that ‘Useful approaches to the question of meaning may be borrowed from other approaches such as existential or analytic therapy’ – which approach does at least suggest the possibility that there might be a wider meta-cultural movement occurring within the evolution of psychotherapy praxis towards integration, perhaps in the kind of direction that Arnold Lazarus was advocating back in the 1970s. It remains to be seen, however, just how impervious to such integrative developments the various schools of therapy will continue to be in the short and medium term.

As editors, we welcome Windy Dryden’s attempt, in Chapter 12, ‘What can CBT therapists and other psychotherapists learn from one another?’ to define CBT and particularly his robust challenges both to the authors of the modality chapters and to some of the editorial directions taken, including the effects these may have had on the coherence of this book. (It may well be that coming from our more critically ‘postmodern’ perspective, the criterion of consistency is of less importance to us than it is to Dryden.) Without, we hope, being unduly defensive, we respond to what we see as Dryden’s main challenges in Chapter 13 (Loewenthal and House) when we attempt to draw out some central issues for this important debate.

Some concluding remarks

In this discursive editorial introduction, we have not touched on a number of issues that we have asked our contributors to address – for example: how do we begin to go about ascertaining (what might be the very subtle – Atkinson and
Claxton, 2000) advantages and disadvantages of various modality approaches? What do the various modalities claim to be on the basis of psychotherapeutic change as seen from their particular modality vantage-points? What position do the various modalities take in relation to ‘the medical model’? How do notions of ‘happiness’ vary across the modalities? – the answer to which question has obvious and crucial implications for the nature of the ‘therapeutic offer’ that each modality makes. What is the best way of meeting the needs of the rapidly increasing populations who, it is claimed, are suffering inappropriate unhappiness and emotional distress in ‘late modernity’? (Richard Layard’s [2005] work is particularly interesting and important here in terms of the use of population-based medicine, thus raising questions about state intervention, and whether the problem being addressed is not more sociological than it is psychological and clinical.) Should psychotherapy be seen more as a means of helping people’s adjustment to the prevailing societal status quo, or as an intrinsically subversive, counter-cultural praxis, which seeks to take forward human consciousness on individual, interrelational and cultural levels? How can we determine whether other modality approaches should consider aligning themselves with CBT in some way?

We are not by any means assuming, finally, that the balance of argument in all this is a simplistic calculus that assumes ‘CBT = naïve; existential etc. = profound’, as there are a number of new initiatives within the broad field of CBT that are taking CBT practice far beyond the previous, highly limited view that it is merely about ‘changing faulty or dysfunctional thinking’ (see, for example, Crane, 2008; Gilbert and Leahey, 2009; Rhodes and Jakes, 2009; Gilbert, forthcoming). Though we should also note in passing that we are then left, perhaps, with a growing sense that it may be increasingly difficult, if not impossible, to speak of ‘CBT’ as a remotely conformable, internally consistent category or therapeutic modality (House and Loewenthal, 2008a, b) – a key issue that at least some of our contributors address in what follows.

We hope that the following chapters will serve to open up an essential and relatively undefensive, post-schoolist conversation across the psy field about CBT, and its advantages and discontents, which we have already started in House and Loewenthal (2008a); and we invite the reader to take a full part in what promises to be one of the most important conversations in the psy field for some years to come.

References


16 CRITICALLY ENGAGING CBT


House, R. (forthcoming) ‘“Psy” research beyond late-modernity: towards praxis-congruent research’, *Psychotherapy and Politics International*.


