

ATOL: Art Therapy OnLine

Book Review by David Berrie

**CBT: The Cognitive Behavioural Tsunami
Managerialism, Politics, and the Corruptions of Science
Farhad Dalal**

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This book offers a critical response to the relentless and rapid growth of Cognitive Behavioural Therapy (CBT) in the UK. Dalal's comprehensive analysis aims at critiquing the suspect practices and fetishism of measurement in CBT research. Looking at the broad intellectual and economic underpinnings of CBT, he also highlights the forms of neoliberal governance that maintain the whole edifice (or should we say artifice?). Overall, he does a great job of providing a long overdue retort to CBT's insistent claims. The book is pertinent reading for art psychotherapists who have been left relatively marginalised by the cognitive behavioural tsunami and the dynamics and developments described.

Summary: ideology, discipline and practice

After introducing the economist Richard Layard who was instrumental to CBT's expansion in the UK, Dalal traces an intellectual lineage from Utilitarianism, through Logical Positivism, to CBT and Layard's Depression Report (Bell et al, 2006). By showing how this lineage emerges with the neoliberal political/economic project, becoming indivisible from it, he lays the ground for the main thrust of the book – that CBT is a form of applied neoliberalism.

What Dalal calls 'hyper-rationalism' pervades contemporary life, an attitude summarised as 'if it can't be measured, then it does not exist; it is not real' (p.3). Accordingly the tsunami of CBT was accompanied by a tsunami of measurements 'evidencing' effectiveness. This led to CBT's advocates assigning numerical values to subjective statements on a person's inner life, leading to the questionable notion that, 'I am feeling slightly depressed', can equal the number 5 (p.24). This magical thinking is the basis of CBT's "evidence" and its identity as an evidence-based therapy.

CBT's dominance followed a power struggle, not a comparison of merit (p.65); a struggle psychodynamic therapies (including art psychotherapy) were unprepared for. CBT aligned itself with NICE guidelines (The National Institute for Health and Care Excellence), the DSM (The Diagnostic and Statistical Manual of Mental Disorders) and the prevailing neoliberal framework. It received state backing from New Labour, initially to the tune of £0.6 billion due to claims it would save the public purse £7 billion by

increasing employment and work productivity (pp.16-17). Consequently, it entered NHS services and university psychology departments and became hegemonic.

Dalal then turns to CBT's implementation through an authoritarian, managerialist structure committed to the ideology that everything should be run along market principles, with IAPT services (Improving Access to Psychological Treatment) as paradigmatic examples (pp. 86-94). Cost cutting 'efficiency' measures drove a race to the bottom: Which service is cheapest? Whose staff most overworked? Who produces most data? This managerialist approach entailed the increasing use of control and surveillance of labour while churning out masses of data and evaluations.

Perhaps most painfully for therapists reading this book, what emerges from the dominance of a manualised CBT approach is the demise of the therapeutic relationship and a lessening of the therapist's ability to respond to what clients bring to sessions, guided by their training, experience, the accumulation of past knowledge and supervision. Therapists face an undermining of autonomy that reduces therapy to routine labour, an interaction devoid of thinking and relationality. There is certainly no room in the programmatic session for thinking about the unconscious.

Moreover, CBT as described by the likes of Layard, proclaims the causes of distress to be irrelevant. Mobilising a medical analogy to illustrate their point, Layard says, it is not 'necessary to know what caused the cancer – you cure it by cutting it out' (Layard and Clark, 2014, p. 109). For CBT, it doesn't matter how you came to be depressed, what matters is how you maintain the symptoms. CBT's task is to change your thinking, rendering depression a purely technical problem where relationships, social context, personal history and so on are cast aside.

In the final section, Dalal outlines the tactics which services are essentially coerced into using to meet targets and budget restrictions: Sessions are cut, categories invented to conceal waiting lists, and various insufficient interventions redefined as successes. For example, if a client only attends 2 sessions, this is classified as a 'completed treatment', and if outcome measures were higher in the second session then it is counted as a 'recovery' (p.123). The book finishes by showcasing the distortions and corrupt

practices endemic in CBT research, through a systematic breakdown of research with a specific focus on Mindfulness Based Cognitive Therapy (Teasdale et al, 2000).

A counter-tsunami?

Dalal's book fits into a growing body of work critiquing ideological tendencies in contemporary approaches to mental health, for example, in 'The Happiness Industry' (Davies, 2015), and 'Smile or Die' (Ehrenreich, 2010). More recent works such as 'The Work Cure' (Frayne, 2019) extend and develop this. However, in these, critiques of CBT form a constituent part of a broader analysis. Dalal's contribution is invaluable for focusing on the specifics of CBT and IAPT, where the broader critique of neoliberalism situates the particular one. Therefore, the book is comparable to Paul Atkinson's criticisms of IAPT (Atkinson, 2019, 2014).

A thoroughgoing critique

The book reads like a tragedy, and like some of the best tragedies it is also farcical. Dalal does not shy from using wit and barbed comments to highlight CBT's more absurd tendencies, yet without detracting from the seriousness of the subject. He skilfully deconstructs CBT's nominal scientific claims, revealing bad or corrupt science behind the research and the continuous 'evidencing' of IAPT. While practitioners may be aware of services massaging statistics to secure funding, having this laid out systematically is a gift of confidence to those wishing to challenge CBT's dominance.

By CBT forming its identity around the *idea* it is evidence-based and 'rational', modalities that do not fit the dominant, narrow definition of evidence are deemed to be without evidence and therefore 'irrational' and irrelevant. Dalal's most profound insight here is when he explores the dynamics of shame this provokes in other therapists. Shame internalises the *idea* that CBT is rigorously evidenced and others must emulate it, consequentially, further boosting CBT's social weight (p.42). This perceptive section could benefit from expansion however.

Dalal's description of the bleak landscape of UK mental health services is compelling. Instead of efficiency, the entire model leads to prolific bureaucratisation, and far less clinical work. Where it succeeds is in controlling labour. Dalal highlights the dramatic

power shift from workers to service managers and commissioners with clinicians subordinated to processes of data collection.

The book deserves praise for its extensive challenge to CBT; from its ideological and intellectual history and relation to neoliberal capitalism, down to its implementation through IAPT and the specifics of its models, research and practices. The well-researched sections on NICE and the DSM are also worth mentioning. A thoroughgoing critique such as this implicitly points towards a fundamental reimagining of mental health services and should be welcomed.

Sharpening the critique

All that said, the organisation of chapters could make more sense thematically and if sections flowed into each other more the book would feel more cohesive. Furthermore, by being both broad and particular in its critique, some depth inevitably suffers in a book this size. It is a good starting point for those interested in broader critiques of neoliberalism, although Dalal references little literature in this area, despite extensive research existing.

Additionally, while thoroughly researched, the critiques of CBT research and practice could benefit from a more patient blow-by-blow criticism of specific research projects, such as the one provided in the final section. More practitioner and client voices from within IAPT would also be welcomed.

The book's reliance on Layard as a locus for criticism risks weakening its arguments. Layard is a convenient antagonist, and was certainly an important figure in the story of CBT, but he is an economist, not a clinician. Whilst this is exactly the point, (that a neoliberal economist can shape mental health services) more criticism of prominent CBT clinicians would reinforce the book's message more effectively. Furthermore, it is sometimes unclear whether Dalal is talking about CBT in general or CBT in IAPT. CBT is now a broad church and whilst IAPT as a model is deeply flawed and discredited, the analysis leaves some space for CBT's proponents to counter by designating IAPT the problem.

Although not explicitly named, CBT in its current form is profoundly revealed as a class project through the course of Dalal's analysis. Its economic logic, state power, individualisation of distress, control of labour and emphasis on productivity, maps neatly onto class dynamics. Here I do not mean class simply as a category of identity, but in reference to structural divisions within society and the struggle over production, labour and wealth between those divisions.

Psychology's historical role as a complement to political economy suggests its origins in the dominant class (p. 71; Davies, 2015). Of course, many psychologists have cast a critical eye on their own history and made welcome moves to distance themselves from it (e.g. *Psychologists for Social Change*, 2019; Smail, 2001), and we could hardly call psychoanalysis a bastion of proletarian liberation if we were to compare them. However, CBT psychology continues the political path of its predecessors by modelling itself on a white middle class subject, training clients to maximise their economic productivity and by ignoring or denying the social causes of distress. It thus functions as practical and ideological support to an unequal and exploitative social system (p. 25).

Therefore, it would be useful to build on Dalal's important analysis of CBT's relation to neoliberalism and managerialism and expand the scope to look at these dynamics in relation to capitalism as a whole. For example, Dalal describes how therapy has become secondary to data collection, and from a Marxist perspective this reflects an abstraction of labour, and the subordination of use-value (something's use) to exchange-value (its exchangeability); processes integral to capitalism's functioning (Marx, 1908). It would be interesting to explore how 'Hyper Rationalism' emerges from a moment of capitalist development when these processes enter spheres of life that previously remained semi-independent of them i.e. mental health services (Berrie and McDonagh, 2019).

Conclusion

Dalal has written a much welcome book here and is recommended reading for clinicians and non-clinicians alike. He writes with humour and passion making the book a pleasure to read while managing to be rigorous in his analysis, providing many important insights into the development of CBT in UK state mental health services. He voices a growing discontent amongst those mental health workers locked out by its

prescriptive and limiting approach, and indeed, those locked in; endlessly monitored and forced to ceaselessly chase statistics.

Dalal's verdict is summarised when he says: 'CBT's success is a political victory masquerading as a scientific one' (p.6) and 'there is no place for ambiguity and ambivalence in CBT psychology; it is linear and one dimensional; it has no patience with complexity' (p.23). This impoverished view of subjectivity emerges, symptomatically, out of neoliberalism. It signals a flattening of experience and psychic life antithetical to psychodynamic thinking and the creative therapies.

CBT is at best symptom management, yet due to this tsunami, it continues to assert a powerful influence over how we think about mental health and provide care for the distressed. One does not challenge a paradigm by emulating it with a few tweaks, or by pretending to follow it while covertly doing something else. Art psychotherapists should not dress art psychotherapy in the garbs of CBT for legitimation. One challenges a paradigm by actually challenging it, and Dalal has successfully done this in print. To tame the tide, this refusal and rebuttal must extend into workplaces and organisations so that it doesn't languish there.

Biography

David Berrie is an art psychotherapist and supervisor based in London where he has worked in charities and community organisations.

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