

## Book Review

*Against and for CBT: Towards a Constructive Dialogue?* By Richard House and Del Loewenthal. Ross-on-Wye: PCCS Books, 2008; 320 pp; £20 pb.

Richard House and Del Loewenthal have undertaken an important project in this exploration of the relationship between cognitive behavioural therapy (CBT) and other therapeutic approaches but the question mark in the title is warranted – this book can only provide the beginning of a constructive dialogue. Admittedly, the creation of a dialogue at all, let alone one as sophisticated as the best parts of this book, is a considerable achievement in the current climate of therapeutic schism.

The two editors are transparent about their own positioning in relation to CBT. House and Loewenthal seem to frame their book as a challenge to the modernist assumptions of CBT and of the dominant paradigms of evidence-based practice, whilst offering – at least on the part of Loewenthal – an equivocal acceptance of CBT within a pluralist quasi-postmodern worldview.

The title of the book is apt as it primarily provides a forum to bring together a range of arguments ‘against’ CBT. There are 21 chapters which provide a detailed depiction of tensions around the role of CBT within the contemporary therapy world and three ‘response’ chapters (at the beginning), which broadly defend CBT, challenging the arguments and evidence from the later chapters. The essays in the book are greatly varied in tone, content and implications, which is unsurprising in a book that draws together substantial amounts of previously published material as well as introducing significant new work; some are more focused on developing dialogue and others more consistently critical of CBT. The texture of the book is, however, much more fine-grained than an ‘against/for’ dualism implies, with wide-ranging authorial positions in relation to CBT.

The broadly ‘against CBT’ chapters of this book together offer a rich coverage of epistemological, ontological, ideological and clinical criticisms of CBT, and of the notions of evidence-based practice on which CBT is rising to dominance. At times these two strands are so closely interwoven as to be difficult to separate. However, the arguments that CBT is fundamentally politically and therapeutically problematic are quite different from those arguments which offer methodological and philosophical criticisms of the overwhelming dominance of randomized controlled trials in assessing therapeutic approaches. The arguments against CBT *per se*, as opposed to the arguments against the growing *dominance* of CBT, can only be fully appreciated when these two strands

are carefully unpicked, as, for example, Keith Tudor seeks to do in his chapter on person-centred therapy and CBT.

It is not possible in a short review to sum up the complex arguments that are made in criticism of CBT. One example may, however, provide a flavour. A number of authors address the notion of the rational being as a fundamental building block of CBT. Woolfolk and Richardson's chapter (an updated reprint from 1984), argues that behaviour therapy and CBT contain a 'prescriptive, ideological component' (p. 53), i.e. a modernist commitment to rationality and the need to control feelings. John Lees develops a similar critique of CBT as essentially founded on rationality, drawing on Steiner's work on the evolution of consciousness. Isabel Clarke, however, defends CBT from the rationalist charge, arguing that the third wave of CBT challenges the significance of the rational human being and works with a much more emotionally based focus. The question remains, though, whether the CBT challenged by Woolfolk and Richardson and by Lees is the same entity as the CBT defended by Clarke. Are the differences between these authors due to them using non-commensurable frameworks (an issue discussed by Bohart and House in Chapter 16)? Is CBT fundamentally constrained by its conceptual roots in the notion of the rational human being, or, as Clarke's response suggests, is the issue of rationality one that can be addressed at the level of the therapeutic intervention? To put this another way, is contemporary CBT essentially the same species as its ancestor and do the traces of its earlier forms still define the nature of CBT as practised today? For me, as an integrative/pluralist counsellor who draws on both modernist and postmodern ideas, this is a compelling debate. Therapeutic pluralism begs the question of whether a therapy approach is bound by the limitations of its philosophical roots, or whether it is possible to transform a modality into a politically different practice.

The increasingly vocal contemporary criticisms of CBT are given a focus and a form by this book that have been otherwise lacking. It encourages us to seriously assess the resurgence – or at least increasing respectability – of what Clarkson (2000) called 'Schoolism' and Hemmings here describes as 'paradigm zealotry' (p. 46). As the financial stakes in the therapy world are increased with the introduction of the Increasing Access to Psychological Therapies agenda it seems that Foucault's (1980) notion of power/knowledge as inextricably intertwined is being played out most explicitly in front of our eyes. Only a few years ago it seemed that, fuelled by the dodo bird verdict, the therapeutic communities of practice were experimenting with the idea of tolerating one another as alternative truths, but this tentative acceptance has been swiftly shattered by a promised increase in resources within the health arena. Perhaps any apparent ability to acknowledge different truths was only a chimera, which dissolved once battle for scarce resources was joined.

In summary, this book plays an important role in the current therapeutic climate. A clear articulation of the arguments challenging the growing pre-eminence of CBT has been needed for some time, in order that the critique can be carefully weighed and evaluated. At a time when many therapists have much at stake professionally and personally and many are gravely concerned for the future of the work in which they believe, we need every opportunity to explore, clarify and challenge the arguments that are rapidly shaping the therapeutic world.

**REFERENCES**

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