

## BOOK REVIEW

### ***CBT: The Cognitive Behavioural Tsunami: Managerialism, Politics, and the Corruptions of Science, by Farhad Dalal (Routledge, 2018)***

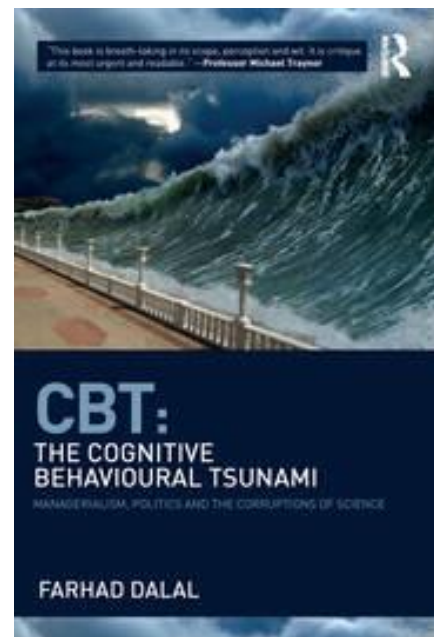
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This is an astonishing book. The opening, preliminary pages set the scene for the sheer quality of the book as they comprise endorsements from 24 well-respected, international colleagues whose comments about this book include that it is ‘breath-taking in its scope, perception and wit’ (Michael Traynor), ‘an absolute masterpiece’ (Sami Timimi), and ‘a great read for those of us who appreciate challenging, perspicacious and passionate analysis’ (Margie Callanan); and that it offers ‘a devastatingly forensic critique’ (Andrew Samuels), an ‘erudite, thoughtful investigation’ (Robert Whittaker), ‘an urgent critique of the dysfunction of our hyper-rational culture’ (Paul Hoggett), ‘a robust, detailed and psychologically sophisticated critique’ (Rex Haigh), ‘critical thinking ... [that] reveals[s] the corruptions of argument and evidence on which the dominance of CBT [cognitive behavioural therapy] is based’ (Stephen Froch), and so on.

Many in the field and not least readers of this journal will be aware of the criticality that Farhad Dalal has brought to bear on group analytic theory (1998), race, colour, and



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racialisation (2002), and thinking (2012); and this present book has all the hallmarks of his fine mind, critical thinking, breadth and depth of reading, passion, good humour, and skilful writing—which he brings to bear on cognitive behavioural therapy (CBT).

I (Karen) have known and admired Farhad's work in his integration of the social and political with the psychoanalytical. He has been a highly respected professional in both in our local area (the southwest of England) and internationally, and has also been key in bringing group analytical training to India for a number of our mutual colleagues. The state of mental health provision in the UK is very concerning, with excessively long waiting lists for children, adolescents, and adults. This contributed to my wish to read Dalal's book and his critique of the UK government's project for Improving Access to Psychological Therapies (IAPT).

I (Keith) have also known Farhad for a number of years and had the good fortune to host him when he came to Aotearoa New Zealand in 2013 to be one of the invited keynote speakers at the annual conference of the New Zealand Association of Psychotherapists (Dalal, 2013). I had written a couple of papers that were critical of the UK government's happiness agenda (Tudor, 2008b) and of the territorialism of CBT (Tudor, 2008a), and, during that visit, remember several conversations in which Farhad expressed his frustration with what he later came to call the CBT tsunami, so I was particularly excited to see this book come to fruition.

One of the great strengths of the book is the way in which Dalal builds his argument, from an introduction that critiques hyper-rationality through five parts that present and address arguments about depression and happiness (and, crucially, the Layard agenda); the politics of identity formation (master-myths and the 'psy' or modality wars); cognitivism (economics and managerialism); the dispensing of CBT (through the UK's National Institute for Clinical Excellence [NICE], and IAPT); and, finally, CBT research, which, in itself provides incredibly useful and much-needed counter-arguments against this particular prevailing climate change in psychology and therapy. The book is thoroughly researched, and packed with intelligent critique, as well as useful insights; it is also incredibly well-written, which makes for an easy, though nonetheless, extraordinary read.

In Part I, Dalal provides an historical account of what he refers to as the cognitive tsunami began, which sets the scene for his critique of Layard's (2005) book on *Happiness* and the British government's subsequent political 'happiness' agenda. Richard Layard was an economist and later, thanks to Gordon Brown, the UK's Prime Minister (2007–2010), a Labour minister who recognised the scale of the problem regarding a lack of provision for mental health in the UK—but, from an economic perspective, not a psychological one. Dalal describes Layard as a neo liberal rationalist who reduced mental distress to a problem that simply has to be solved. The underpinning paradigm of this big swing towards CBT was the privileging of 'hyper-rationality'. This is examined by Dalal who quotes Layard: 'The inner life ... determine[s] how we react to life.... So how can we gain control over our inner life?' (Layard, 2005, as cited in Dalal, 2018, p. 23). Dalal goes on to critique the idea that the inner life and

soulful feelings simply need to be controlled if we find them disturbing. He deconstructs the underlying philosophy and masculine rhetoric that privileges control over feeling out of control, and thinking and logic over feelings. Dalal supports this particular critique by offering evidence of the overtly sexist argument in the ‘logical’ explanation offered by Layard for the cited increase in depression amongst women:

Women whose pay and opportunities have improved considerably relative to men, but whose level of happiness has not ... perhaps women now compare themselves more directly with the men than they used to and therefore focus more than before on the gaps that still exist. (Layard, 2005, as cited in Dalal, 2018, p. 25)

This and other quotes Dalal excerpts from Layard’s work serve to expose the implicit sexism in the policy and approach to distress of both Layard and New Labour. By following the rationale of Layard’s argument and that of CBT that, if distress leading to depression is the problem, then rationality and control is the solution. Dalal shows the lack of humanity and dangers of institutionalised solutions in solving the epidemic of depression in the UK—a point equally applicable to the response to depression and other forms of mental illness in other countries in the world.

In Parts II and III of the book, Dalal considers more of the intellectual background that gave rise to CBT. This includes some of the ideas of Nobeert Elias, a German sociologist who wrote a book on *The Civilizing Process* (Elias, 1939/1994) in which he discusses, as Dalal (2018) puts it: ‘how identity itself was being continually forged out of the workings of power-relations.’ (p. 41). Dalal follows this with a chapter on a brief social history of the power struggles in and between the ‘psy’ professions in the United States of America and the UK—which, again, is applicable to similar struggles and current debates in other countries. Two other chapters discuss cognitivism and managerialism, which amongst other things provides the background as to why an economist, Layard, gets to talk about psychology—though, in fact, Layard’s book on *Happiness* is based on economic and political arguments and does not encompass research in psychology or therapy. There is much richness in these four chapters alone, each of which would deserve their place on reading lists for students of psychology and psychotherapy—and, perhaps, more importantly, in the in-trays of politicians, policy-makers, and managers in health care!

The next two parts of the book, as Dalal himself puts it in his Introduction ‘get to the heart of the matter’ (p. 9). Three chapters in Part IV ‘Dispensing CBT’ examine the social mechanisms that support the ideology that is expressed in and through CBT, specifically, in the UK, the (not so) NICE, whose recommendations are largely depended on results from randomised control trials, which, thus only represents one aspect of science; and on IAPT, which, despite the promise of its name, has actually *decreased* access to the plurality of therapies in favour of one particular form of therapy, i.e., CBT. Thus, we see a self-defining, self-fulfilling, and, ultimately, closed system at work. Dalal describes the rationale for CBT ‘treatment’ in some depth, describing how the approach encourages patients to be rational,

and to examine the illogicality of their state of mind; in other words, to set up a binary competition between the rational and irrational. He heavily critiques how patients are taught to decommission their feelings, eradicate their vulnerability, and defeat their subjectivity by aligning with objective thought. Dalal's is an exposing, deconstructing, and enlightening account that allows the reader to step back and really think about the policies of treatment in mental health provision.

In the fifth and final part of the book—and just as you might have thought all the arguments had been reviewed and rebutted—Dalal delivers three chapters which focus on the research that supports CBT, which delivers a death blow to, as Dalal puts it, mixing his metaphors, 'the head of the beast' (p. 10). In this hard-hitting finale, Dalal extends Goldacre's (2012) critique of 'bad science' to corrupt science and to debunking the latest iteration of CBT: mindfulness-based cognitive therapy.

Dalal's analysis is an eye opener in terms of how socio-political power is used within an institution such as the UK's National Health Service. The support for the medical model, a particular modern Western scientific mindset about mental health, is embedded in the very fabric of society and culture in the UK and other countries in the Global North and South. It has supported a split in the 'psy' professions whereby diversity of philosophies, theories, and approaches are just about tolerated as long as they remain marginal(ised) on the fringes of provision in a private sector and are not validated, recognised, or, despite evidence of efficacy and effectiveness, given any credence by the mainstream.

The psychological education system implemented in the West—and North—continues to maintain the institutional and systemic oppression about how we think about vulnerability, distress, and dis-ease, which, in turn, continues to keep opportunities and access to mental health provision profoundly unequal. There is a long way to go before vulnerability to anxiety, depression, and/or substance abuse is thought about and understood in more systemic and humane ways, and increased access to an increased range of psychological therapies is funded adequately. There is insignificant consideration paid to how we organise our communities, our resources, and our responsiveness. One bit of good news (which, strangely, Dalal doesn't refer to) was a decision in 2012 by the Swedish government, which had previously invested heavily in CBT, to break this monopoly and to fund other approaches to therapy. Commenting on the report from the Swedish National Audit Office, one newspaper headline put it thus: 'The one-sided focus on CBT is damaging Swedish mental health' (Miller, 2012). However, it is clear that, in the scheme of things, this is a rare push back to the general CBT tsunami that continues to sweep over and dominate the therapeutic response to the worldwide mental health/ill-health crisis.

Although written four years ago, Dalal's book remains contemporary. Moreover, given the hegemonic position of CBT, and its largely uncritical acceptance by politicians, policy-makers,

many psychologists, and perhaps the majority of the general public, it is likely to remain a key resource for critical thinkers, radical therapists, and free-thinking folk for many years to come.

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