



The trouble with CBT

Simon Cowap, MBBS, FRACGP, is Clinical Associate, Discipline of General Practice, University of Sydney, and a general practitioner, Newtown, New South Wales.

When I first started going to the movies, psychiatrists appearing on screen were invariably Freudian psychoanalysts. Every movie-goer was familiar with the use of dream analysis, ink blots and word association. We all knew that no therapist could possibly work without that most essential piece of equipment, the couch.

Since then, Freud's influence in psychiatry has been drastically reduced. By the time I went to medical school in the early 1980s, we received 1–2 lectures on psychoanalytic theory. In 2004, you can graduate as a psychiatrist without ever having opened works such as *The interpretation of dreams* or *The psychopathology of everyday life*. Within general practice, the erstwhile heterodoxy of psychological paradigms has been replaced by almost uniform adherence to the one true faith: cognitive behavioural therapy (CBT). Think beyondblue, Sphere and MoodGym.

But Freud is not dead. He has just moved house. While psychoanalytic theory has all but disappeared from the psychiatric curriculum, it remains enormously influential in the humanities. Psychiatrists may not need to study psychoanalysis, but try making it through first year cultural studies without a thorough grounding in post Freudian theorists such as the arcane Jacques Lacan. Perhaps it just takes arts faculties a while to catch up. But somehow I can't see Aaron Beck, the godfather of CBT, ever achieving culture hero status like Freud or Jung.

Why has psychoanalysis – medicine's rejected child – been adopted so passionately by the humanities? Why is our new favourite being given the cold shoulder? Why have we rejected the older sibling in favour of the new arrival? It is a question that would have intrigued Freud himself. What are the family dynamics here, he might well ask? What unconscious conflict underlies this intense

sibling rivalry and parental favouritism?

Speaking as a general practitioner rather than a psychoanalyst, it seems to me that the humanities have embraced psychoanalysis for the same reason we rejected it, and are disinterested in CBT for the same reason we embrace it. Cognitive behavioural therapy is empirical, relatively easily taught, employs instruments that provide measurable data and yields outcomes that can be fairly objectively assessed. It works, and can be shown to work, within a limited time period. It interfaces well with outcome focussed health bureaucracies and the push toward evidence based medicine.

For health professionals it has the added appeal of pragmatism. It is first and foremost a technique, not a theory of mind. Its theoretical premise is disarmingly simple – that thoughts affect feelings, therefore disordered thinking can produce emotional disorder. It is not particularly concerned with the origin of disordered thinking, presuming only that it relates to early learning experiences. It is more interested in using quasi-scientific techniques such as testing beliefs against available evidence to assess their validity. It assumes we will eventually abandon beliefs consistently shown to be without good foundation. It makes no interpretations and says nothing whatsoever about meanings. In the best empirical tradition it presumes a rational mind equipped with accurate sense organs interacting with a material external world. It says little about the ultimate motivation or goals of these interactions, but seems to presuppose basic instincts toward survival, reproduction and personal happiness.

Psycho-analysis on the other hand, is lengthy both in its practice and its training, and notoriously difficult to assess in quantitative terms. It relies on an elaborate theory of mind, the most potent dimension of which,

the unconscious, is by definition utterly impervious to objective measurement. In place of questionnaires and data it uses symbols and interpretation. Motivation and meaning are primary; passion and desire at least as important as reason. Rather than being neutral observers seeking to construct the most accurate representation of our environment, we actively subvert our senses and reason in order to create the world we want. We deny, project, rationalise and displace, all at the behest of forces we don't really understand.

Psycho-analysis is not just a technique, it is a provider of explanations. It has an almost mystical aspect of revelation, of explaining the quotidian in terms of something more profound. This basic technique of looking for a more fundamental reality beneath surface events is central to science. We observe the apple falling, we deduce gravity. We observe symptoms, we ascribe them to disease, we understand the disease in terms of physiology, we understand physiology in terms of physics and biochemistry, we understand these in terms of fundamental forces and subatomic properties and so on.

The difference is of course that psycho-analysis does this work in the immaterial domain of meanings. So it's perhaps not surprising that things have reverted to their traditional owners - facts for the scientists, meanings for the humanities. As GPs though, it would be wise to remember that while our practice is scientifically based, we are not practising scientists. People will continue to be as interested in meanings as facts. And however useful CBT is, it will never be as seductive as psycho-analysis.

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Correspondence

Email: scowap@med.usyd.edu.au

