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THE COGNITIVE THERAPY PARADOX

Cognitive therapy seems to have won the argument so far as psychological treatment is concerned. It is cost-effective, evidence-based, and recommended by NICE as a better alternative to medication for many conditions.¹ From where I am standing, there is only one fly in the ointment — it's not what patients want. My career could almost have been designed as an experiment in what patients want, so let me explain.

From 1990 to 2000 I worked in the NHS as a clinical psychologist doing adult psychotherapy. Cognitive therapy was the approved approach, and that was what we did. It was when I left the NHS and set up in private practice that I realised something strange was going on. My clients covered the full range of age, education, and occupation; they ranged from bus drivers and cooks through to teachers and middle managers to Oxbridge-educated corporate lawyers and eminent QCs. Almost without exception they sought me out for cognitive therapy, and almost without exception we ended up doing something else.

The reason was that, in a previous life, I had trained as a psychoanalytic psychotherapist. I didn't emphasise this to my patients: they had come looking for cognitive therapy and had, I thought, neither the time, the money or the inclination for a lengthy analytical treatment. How wrong I was. However I tried to keep to the cognitive therapy path, they ended up going in a different direction. We had long discussions about their relationships with their fathers, and they even brought dreams to be interpreted. That was when I realised that these psychoanalytic clichés actually represented a profound need — the need for meaning. It wasn't that cognitive therapy failed, but it missed the point. By treating symptoms as the result of distorted thinking, which could be changed without any enquiry into its origins, it failed to satisfy.

Let me give an example; a man in his late 30s, with modest educational achievements, working in a semi-skilled job. He had come complaining of panic attacks, one of the easier problems to formulate and treat in cognitive terms. However, an intuition led me to

comment that 'I seem to be dealing with a very angry man.' I was right. We spent hours discussing his early life; his absent father, handicapped sister and overburdened mother. Then we started interpreting dreams. I could have resolved the panic attacks with a straightforward cognitive treatment, but I doubt very much if he would have accepted that approach — he would probably have ended therapy. Otherwise, I suspect he would have been back soon enough, his search for meaning unsatisfied, his underlying problem manifesting itself in some other, harder to treat, pathology.

Perhaps it takes a private practice setting to determine what patients want. Often, when consulting a doctor, patients simply want their symptoms to go away, as quickly and painlessly as possible. When it comes to the human psyche, however, the issue is more complex. Patients, when they have the choice, seem to value understanding over symptom removal.

It seems to me that there is an element of the human psyche which rebels at being forced into a path determined by considerations of efficiency, cost-effectiveness and statistically proven efficacy. This is not welcome news for a doctor needing to make a referral for psychological problems, but can't be ignored. Questions of meaning arise, which you ignore at your peril. Try to deny this, and you will probably see the patient back in your surgery quite soon.

Sara Dryburgh

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