

# Insight



**CBT, PSYCHOANALYSIS, PSYCHODYNAMIC THERAPY**

## WHY I AM NOT A CBT THERAPIST...

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In today's therapeutic landscape, people have to be aware of multiple competing approaches to dealing with life struggles and emotional pain.

Sometimes in the public eye, it would appear that an approach named *CBT* or *Cognitive Behavioral*

*Therapy* is the only effective choice. That view at least is promoted by many psychiatrists, who in recent years have turned away from their psychoanalytic past, and have rebranded themselves as men and women of science.

It is also promoted by many psychology departments, who have been quick to embrace a more mechanical approach to therapy because of the ease with which such an approach can be studied using a scientific method.

However, despite this seemingly enthusiastic endorsement of CBT as the treatment technology of choice, it serves us well to revisit the history that accounts for why CBT became so popular. This will help us consider if CBT's claim to superiority is really as justified as it would seem on the surface...

## Why CBT Became Popular...



Jack Nicholson in "One Flew Over the Cuckoo's Nest"

CBT was developed to fit a need that arose in the 1970s, when it was decided to deinstitutionalize the treatment of severe mental illness. The chronic institutionalization of the mentally ill, parodied in movies such as *One Flew Over the Cuckoo's Nest* was no longer in political favor. Instead people were now to be treated in outpatient community settings that seemed less restrictive and more humane.

Thousands of community mental health settings now arose, typically understaffed and underfunded, and these centers were in need of some effective alternatives to the long-term treatments that had been offered when clients were in hospital care.

Most of the patients seen in community settings had severe problems functioning successfully in their day-to-day lives and might only be able to afford a few number of visits. Psychoanalysis, with its long term exploration of the root causes of people's problems was therefore no longer a realistic or practical treatment option.

Luckily, through a series of accidental discoveries, new medications such as the SSRI's, were now available to psychiatrists, and psychologists were quick to fill the remaining treatment vacuum with a toolbox of cognitive behavioral methods intended to bring about quick relief.

CBT had a market and an ally in community mental health and in a reinvented medication-based psychiatric profession. Clinicians in community mental health settings, scrambling to provide

effective solutions to take the place of more structured long-term care, were happy to embrace practical skills they could teach their clients.

## What is CBT?

If I were to simplify what CBT is, I would say that it consists of methods to help you: **think straight, face your fears, and manage your problems.**

*In order to think straight*, patients are taught to examine the realism of their emotion-driven and often unrealistic thoughts.

*In order to face their fears*, patients are helped to break down daunting goals to more manageable tasks, and are nudged by their therapist to take small risks and baby steps in the right direction.

*In order to manage problems*, patients are helped to think of “coping skills”, which consist of a tool box of practical activities, mental reminders, or things you can tell yourself to help you get through your day. These skills help you distract yourself or counteract negative emotions or thoughts that bring you down.

## The Benefit of CBT:

Such CBT skills work wonders when you have grown up in invalidating environments without good role modeling or practical life management skills, and they are easy to dispense in a short amount of time. They help support and build problem-solving abilities and to encourage the discouraged through active coaching.

In community mental health settings where the goal was to increase people’s ability to function in their day-to-day lives, these techniques were just what the doctor ordered.

Furthermore, it is quite easy to study whether or not patients who receive these skill-boosting sessions actually manage to use them to live more functional lives, and research shows that they do. Hence CBT can be marketed as a scientifically validated or empirically supported treatment for life’s many problems.

This accomplishment helped cement both psychology and psychiatry as scientific disciplines, and was easy to brand to the public eager for an economical and quick fix for their problems. It also won the affection of third party insurance payers who demanded proof of effectiveness before reimbursing treatment providers, and who liked the promise of briefer and more targeted

therapies.

## So What is Wrong with CBT?

Most psychologists I talk with express at least some discomfort while learning CBT. It often feels infantilizing to teach people how to think or how to problem-solve, and it is hard to really believe in the effectiveness of such an approach, beyond some temporary boost of optimism and self-efficacy.

Clients, too, often feel like the suggestions, advice, and exercises offered to them through CBT are rather superficial.

Simply pointing out why a thought is irrational, doesn't really alleviate the emotional attachment to a more irrational belief. People often end up challenging their own thoughts and replacing them with more rational ones without really believing in what they are telling themselves.

Furthermore, it is hard to believe that a simple toolbox of skills is really going to address the fundamental issues of your existence and really help you get to the root of your deep psychological issues. The ability to distract yourself, tolerate pain, calm yourself down, and so forth, seem at best a good set of tools to have when embarking on the real emotional work that is the hallmark of longer term therapy.

Problems of living and the experience of unpleasant or inhibiting emotions, such as excessive guilt, shame, and psychological pain, will at one point require a confrontation with one's past, and will necessitate an emotional experience of working through this past. Simply functioning better or dealing more effectively with one's emotions in the present, is a poor substitute for examining one's life, and experiencing a real emotional transformation in how you feel about yourself.

This kind of emotional work that transforms you from within, is slower to unfold, and may not be the place to start if you are barely functioning in your life. But this does not mean that CBT should become the treatment of choice for everyone and anything. If you are ready to go beyond problem-solving to truly discover the emotional causes of your current distress, and if you want to confront the deeper question of how you became the person you are today, I would choose a different therapeutic approach.

## Why I *am* a Psychodynamic Therapist:

Psychoanalysis may have been dethroned from psychiatry and may not be a practical therapy in

mental health settings, but it still has a lot to offer for those who are willing to invest the time and money in a deeper experience of change.

Psychodynamic therapy, which is a briefer and modified form of psychoanalysis, is a very viable and cost-effective alternative to CBT that takes you beyond simplistic solutions to life's problems.

The goal in psychodynamic therapy is a transformation in how you feel about yourself through greater self-understanding and a confrontation with your past. It is in my opinion the superior choice for someone who really wants to understand themselves, and who instinctively knows that their problems are not external issues to be managed, but something missing deep inside of them.

If you want to read more about psychodynamic therapy, read my earlier blog post: [What is Psychodynamic Therapy?](#)

To read about the effectiveness of psychodynamic therapy, check out [Jonathan Shedler's article from The Scientific American](#), dispelling some common myths about this type of therapy.



For more about the fall of psychoanalysis, and the rise of CBT and medication-management in psychiatry, have a look at the excellent book by [Hannah Decker](#): [The Making of DSM-III. A Diagnostic Manual's Conquest of American Psychiatry.](#)



**About Me:** I am Rune Moelbak, Ph.D., a psychodynamic therapist in Houston, TX. I provide deep treatment of people's issues. [Click here to read more about my approach to therapy.](#)

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