Narrative CBT

The CBT Distinctive Features Series
Series editor: Windy Dryden

John Rhodes

Narrative CBT

The popularity of using narrative, metaphor and building solutions in cognitive behavioural therapy (CBT) has increased in recent years. Narrative CBT (NCBT), part of the third wave of cognitive therapies, recognizes the importance of helping to build new ideas and practices in order to create change, examining a person's multiple and evolving narratives and his or her behaviour as intrinsically meaningful.

In *Narrative CBT*, John Rhodes presents the features of NCBT in thirty key points. The first fifteen summarize how the theory of narrative can clarify difficulties with emotions, motives and interactions and address how rebuilding confidence and trust is crucial for change to be achieved. In the second half of the book, case conceptualization and the techniques of NCBT are explained and illustrated. Narrative, solution-oriented and CBT techniques are integrated and specific NCBT approaches for trauma, depression and obsessive-compulsive disorder are highlighted.

Ideal for clinical and counselling psychologists, both established and in training, psychotherapists and all professionals carrying out therapy in the field of mental health, this book clearly and accessibly presents the techniques and key concepts of Narrative CBT.

John Rhodes is a consultant clinical psychologist in the NHS, working with clients diagnosed as having psychoses, long-term mood disorders and traumas. He is a visiting lecturer at the University of Hertfordshire and Honorary Lecturer at University College London. He has previously co-authored *Solution Focused Thinking in Schools* and *Narrative CBT for Psychosis*.

Cognitive behavioural therapy (CBT) occupies a central position in the move towards evidence-based practice and is frequently used in the clinical environment. Yet there is no one universal approach to CBT and clinicians speak of first-, second- and even third-wave approaches.

This series provides straightforward, accessible guides to a number of CBT methods, clarifying the distinctive features of each approach. The series editor, Windy Dryden, successfully brings together experts from each discipline to summarize the 30 main aspects of their approach divided into theoretical and practical features.

The CBT Distinctive Features Series will be essential reading for psychotherapists, counsellors and psychologists of all orientations who want to learn more about the range of new and developing cognitive behavioural approaches.

Titles in the series:

A Transdiagnostic Approach to CBT using Method of Levels Therapy by Warren Mansell, Timothy A. Carey and Sara J. Tai

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Abbreviations

CBT	cognitive behavioural therapy
COMET	competitive memory training
DSM	*Diagnostic and Statistical Manual of Mental Disorders*
NCBT	narrative cognitive behavioural therapy
NSF	narrative and solution-focused
NSFT	narrative and solution-focused therapies
OCD	obsessive-compulsive disorder
PCT	personal construct theory
SF	solution-focused
SFT	solution-focused therapy

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Part 1

THE DISTINCTIVE THEORETICAL FEATURES OF NARRATIVE CBT

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Introduction to NCBT

One aim of this book is to explore how narrative ideas and practices can be combined with selected aspects of cognitive behavioural therapy (CBT) and I will term such approaches narrative CBT (NCBT). Narrative as a way of understanding psychological phenomena is also a theme that runs through the whole book. I will cover approaches that in a direct way help the client to narrate past difficult events, as in types of work with trauma. I will also greatly draw on narrative and solution-focused therapies (NSFT) which provide not only ways of narrating the past, but to a great extent emphasize narrating and building new ideas, practices and possible futures, that is, it aims to be 'constructional'. This was always a key idea in de Shazer's (1988) description of SFT, but was also central for White and Epston's (1990) narrative therapy, which aims at the building of a benign new conception of identity and way of living.

Whilst there is a focus on narrative, the book will also emphasize other aspects of mind and self, in particular, the central importance of feelings, motivations, trust and complex interaction. All these features are relevant to everyday life, but also to forms of suffering, and finding ways of change. The importance of interaction has always been a part of NSFT, which had its origin in systemic therapy. NCBT is the critical fusion of compatible practices and theory from classic CBT with NSFT.

A brief definition of CBT

Roughly speaking, CBT could be defined as therapy that works with conscious meanings and also works to change behaviours. CBT itself

is an integration of the original behavioural approaches with cognitive ones. CBT has, however, several schools of thought (Dryden, 2012). For many CBT practitioners the cognition or belief is central to explanation and change, but this is not the case for some older and more recent behaviourists.

Conceptual recourses for NCBT

In this section I wish to outline briefly some general psychological, and in fact sometimes philosophical, assumptions, theories and themes that are relevant to the version of NCBT present in this book. Some ideas will be touched on again, but space does not allow further detailed discussion of all these ideas.

Constructivism

One general resource to draw on is that of ideas and theories from constructivist psychology and the humanities. The term 'constructivism' is very broad. For the purpose of this book I will take constructivism to be approaches that have emphasized how meaning is central to explaining and understanding human experience and, furthermore, that people engage in the active making of meaning in a multitude of ways (Mahoney, 1991, 2003). This approach is therefore not classic behaviourism, but neither is it an approach to the mind using explanation by computer models and so-called 'information processing', as seems to be assumed in many forms of cognitive psychology. The emphasis is, rather, on topics such as the everyday use of language, interaction, negotiation of meaning and the influence of culture.

The narrative mind

A great deal of mental phenomena has the nature of being 'literate' (Bruner, 1986; Turner, 1996); that is to say that a fundamental feature of the mind is that it can generate stories and metaphors,

and that the use of these is central, pervasive and perhaps unavoidable. However, whilst narrative is central, some have argued that it may well depend for its emergence or characteristics on early pre-narrative experience of the body, perception and features of interaction (Gallagher, 2007).

Interaction and the self

It will be argued that we need better and more complex concepts of behaviour than are usually used in CBT if we wish to understand human interaction. We need to think in terms of purposeful actions, but also to consider the role of habitual ways of interacting which emerge spontaneously in specific situations. Of course, theories of 'behaviour' were once the very living heart of behaviourism. However, after the emergence of cognitive therapy, somehow what behaviour might actually be tended to be ignored or forgotten.

Critical realism

Following philosophers such as Searle (1992), I will assume there is a 'mind independent reality', however difficult, or sometimes impossible, it is to know. In addition, usually with clients we need to assume some everyday notion of 'truth', of what has 'really happened'. Has the person undergone the oppression of racism and other prejudices? What are the real effects of growing up in poverty or war? I do not believe such effects are just a matter of 'how you view things'.

This book does not therefore assume complete 'relativity' as some writers on narrative have appeared to do (Bruner, 1986). I find more convincing the ideas of critical realism that our theories are influenced by cultural and historic factors. However, that does not prevent an attempt at objectivity, or of sharing evidence, or of exploring clients' real contexts and experiences. We need, however, to be aware of our own theories, of how we bring our own limited ideas to a phenomenon. Our conceptualizations of clients' difficulties need to be very modest and cautious.

Many levels of explanation

For any phenomena such as anxiety or delusions, many 'levels' of explanation could be relevant, depending on the purpose in hand. Neuropsychology, quantitative psychology and the sociology of groups can all play a role. However, in our face-to-face therapeutic work perhaps the greatest need is to understand the immediate experiences of the person in his or her lived world, and for that we also need to draw on qualitative psychology and related topics in the humanities.

Philosophy of mind and phenomenology

At several points I will draw upon ideas from phenomenology and philosophy. In recent decades there has been a lot of philosophical work concerning areas such as narrative, emotions and interaction, and these, I believe, can help our thinking in psychology.

Following certain philosophers, I will assume that mental phenomena are characterized by 'intentionality', that mental phenomena are 'directed', are 'about' things, and that concepts such as belief, desire and decision are real aspects of the mind (Searle, 1983; Gallagher and Zahavi, 2008). Whilst these everyday terms have diverse meanings (Ratcliffe, 2007), I believe they are clearer than many alternatives in psychology such as the concept of 'information processing', a term much used but rarely defined.

The history of NCBT

Some in the CBT tradition have drawn heavily on constructivism and developmental psychology, in particular Guidano and Liotti (1983), and later Mahoney (1991, 2003). Guidano and Liotti suggested that core beliefs or 'tacit knowledge' concerning world and self may develop from types of attachment situation in childhood, and drew on the work of Bowlby (1969). As part of their therapy, they suggested repeated focus on key moments in the past, one aim

being to develop a richer narrative and new understanding of what had really taken place, in contrast to a person's distorted explanations. Mahoney emphasized how a person might have not only a specific problem, but a problem pattern over years and core processes that organize experience: for long-term patterns he suggested the use of a life review. All of these therapists used a form of narrative in their therapy in combination with the use of CBT.

Narrative- and solution-orientated therapy developed completely independently of CBT: certain CBT therapists, however, noticed deep similarities between CBT and NSFT and went on to suggest various types of fusion of practice and theory: such writers include Russell (1991), Meichenbaum (1993, 1994), Gonçalves (1994), Ramsay (1998) and, more recently, Hallam and O'Connor (2002), Griffin (2003), Postma and Rao (2006), Rhodes and Jakes (2009) and Bannick (2012).

Whilst there are many differences between CBT and NSFT, there are strong similarities and compatibilities such that I believe the two can make a coherent and practical fusion. Some key similarities are:

1. Both emphasize the role of accessible or conscious meaning and how transformation of meaning is central (Brewin and Power, 1999).
2. Both underline the role of 'behaviour' and interaction in real-world contexts. Furthermore, that change usually involves changes in 'behaviour', or, as White might say, in taking new 'initiatives'.

Outline of the book

In the theory part of the book I will first examine selected key features of human experience or mind which are relevant in attempting to understand a person for the purpose of therapy (for example, narrative, metaphors or interactions). At the same time, a view of pathology will be outlined drawing on these concepts. The later theory chapters will look at how various aspects of NCBT might work