‘Beating the Blues’: A critical discourse analysis of a computerised CBT program for depression and anxiety

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ABSTRACT

Previous research regarding CBT has focused primarily on the clinical efficacy of treatment, and paid little attention to the ideological practices underpinning the therapy itself. This research aims to contribute to the minimal literature on computerised CBT, and specifically provide insights into the discursive features of the therapy.

Critical discourse analysis is used to identify discourses of power, ideology and social practice within the text. A three-staged procedure outlined by Fairclough is adopted for the analysis of three sessions from the program Beating the Blues, which is designed for clients with mild to moderate depression and anxiety. The procedural stages include description, interpretation and explanation of formal features and their connectivity to social phenomena. The relationship between text and social structures is mediated by the researcher's subjective interpretative procedures. Therefore, a reflexivity is included in the report.

Discourses of aggression, criminality, and consumerism are interpreted from the data, and related to wider social practices of capitalism, social control, and consumer ideologies.

KEY WORDS: DISCOURSE, CBT, DEPRESSION AND ANXIETY, THERAPY, POWER
Introduction

Beating the Blues is the first computerised cognitive behavioural therapy (CCBT) program that the National Institute for Clinical Excellence (NICE) recommends for the treatment of mild and moderate depression (NICE, 2008). However, some researchers have been concerned with its perhaps unimpeded acceptance in the therapeutic world and tend to challenge the evidence behind its effectiveness (House & Loewenthal, 2008). From a literature search, it was evident that most research on CCBT or cognitive behavioural therapy (CBT) in general has focused on the clinical efficacy of the treatment, and the use of randomised controlled trials (RCTs) (Kalthenthaler et al. 2008; Foroushani et al., 2011). Following inconsistent reports regarding CCBT through quantitative evaluation, McCrone (2004) suggested that CCBT packages need to be studied in isolation rather than as a collective group.

What makes the use of computerised therapy interesting lies in Hemmings (2008) idea that it is not the method or technique that is potentially flawed but the way it is practiced. He recognises that CBT is an evolving approach that continues to adapt and is therefore aware that the way in which it is practiced is essential to avoid “destructive, and even dangerous” outcomes (p.44). He acknowledges that CCBT is increasingly used as an intervention, since it can be widely utilised by health professionals for relatively little cost (Bennett-Levy et al., 2010). This attention to the method of conducting therapy poses questions about the role of a computerised therapist. With little research analysing the content of computerised therapies, it is difficult to know what ideologies and relations of power are employed, and whether they contribute to “destructive” or “dangerous” practices (Hemmings, 2008, p44). In addition to this, despite much popularity for traditional one to one CBT, often its inaccessibility means that the most appropriate action for some is to seek self-help CBT (Warrilow, 2009). This should not disregard the very probable issue that many will find self-help sources of CBT just as inaccessible. The nature of it instantly excludes those who are computer illiterate or are without means to access a computer. Nevertheless, its increasing use in the therapeutic setting renders it even more significant for research.

Following on from Hemmings (2008) consideration of studying the way therapy is practiced, the subsequent issue pertains to the relationship between the therapist and client. With what they refer to as the therapeutic alliance, Hanley and Reynolds (2009) conducted a literature review to examine the relationship clients have with the therapist when accessing therapy through the medium of the internet. They found that a therapeutic alliance of sufficient quality can be developed through online therapeutic practice; such alliance is considered necessary to create therapeutic change. However, with CCBT, the client is not engaging in therapy with an actual therapist through the internet. Rather, the client is engaging with a computerised ‘therapist’ who cannot reciprocate or respond to the individual contributions in therapy. Therefore, in this case, language is the only form of communication being employed. Hence, it is significantly important to study this language since referential and implicit meanings are often conveyed in this format. Wetherell et al. (2001) recognise that “language is constitutive: it is the
site where meanings are created and changed” (p.6). If we are to understand the constructions of depression and anxiety, we must look to the site where their meanings interpreted. Almov (2011) suggested from the findings of his research that therapists can have a possible effect on the outcome of internet delivered CBT but that more research is needed to identify if therapist effects are present in this particular modality. From Hanley and Reynolds’ (2009) literature review, they concluded that “qualitative studies and theoretical developments have played an important part in the evolution of this [online therapeutic] work” (p.10) and thus any further qualitative research of this work is essential for this domain of psychology.

Further to the significance of studying the practice of therapy and the therapist-client relationship, research has indicated the importance of studying ideological concepts within therapy. Although from my own literature search it seems few accounts discuss this in relation to CCBT specifically, there are discussions that relate to the wider framework of CBT in general which will be applied to CCBT. One particular discursive concept that is discussed in research is the notion of power, and the way in which a potential imbalance of power in the therapeutic relationship can influence the client’s experience (Proctor, 2003; Hagan, 1999; Guilfoyle, 2008). Allowing that the feeling of powerlessness is considered a significant factor of psychological distress (Proctor, 2002) and the suggestion that power is abused by therapists in CBT (Proctor, 2008), a discursive analysis can explore power in use, and identify implications of control and social order. If constructing a cooperative relationship between the therapist and the client is a fundamental tenet of CBT (Dattilio & Hanna, 2012), the suggestion that this therapeutic relationship may become imbalanced highlights the destabilising influence a concept such as power can have. Proctor (2008) asserts to this argument that an imbalance of power in this relationship where the therapist takes control can have negative implications on the clients experience and well-being post therapy. Therefore, unlike previous literature regarding therapist-client power relationships (Hemmings, 2008), this research will look at underlying discourses of power embedded in Beating the Blues.

Recognising “that human life is suffused with meanings which are imposed...by language-using organisms”, there needs to be a “semiotic version of scientific activity [that] involves the production and justification of interpretations” (Pilgrim, 1997, p.2). Therefore, meanings are most accurately understood in the context in which they are founded; in language. CBT is laden with a language of its own (Guilfoyle, 2008), and thus must be considered a fruitful source of ideology with propositions of social and institutional order. Since Beating the Blues is accessed as a source of self-help, it is appropriate to consider it parallel to other forms of self-help. If Beating the Blues is the same as other self-help projects, then authority becomes textual since self-help relies on documented expert knowledge (Rimke, 2000). In addition to this, living “in an age in which the notions of self-help have seeped into just about every realm of...life..., scholarly critiques of self-help are essential” (Woodstock, 2006). Within a market for increasing consumption of self-help literature (Rimke, 2000), the associated increase in CCBT is unsurprising. A preoccupation with the self has seen the valuation of ‘expert’ advice about the self substantially escalate (Staker, 1989). Smail (2005) recognises that capitalism and consumerism are dominating powers in western culture, where “psychology has been fundamental to the creation of the perfect consumer” (p.ii). Some research has even suggested self-help literature as a
facilitator to the creation of illness identities (Barker, 2002). Thus, the representation of human identities within a text is of ideological significance. Discourse analytic methods have the means for denaturalising such ideologies (Fairclough, 2001) and making connections between the text and the world, relating to wider institutions of consumerism, capitalism, and social control.

An overall objective of this research is to increase understanding of the discursive implications of CCBT whilst enhancing the marginal amount of current literature. Furthermore, this research aims to contribute to the wider research development of critical CBT. Specifically, this study aims to answer the following research questions using critical discourse analysis:

1) How are depression and anxiety reproduced in the text?
2) How does Beating the Blues establish a therapeutic relationship with the client?
3) Which ideologies and discourses of power does Beating the Blues draw upon?

**Method**

**Design**

The vast nature of methodologies for human scientific research renders the analytical process a product of thorough and exhaustive reduction. Thus, the decision to work within a particular research framework is a considerable part of the research process itself (Pilgrim, 1997).

Before the emergence of psychological sciences, concepts such as ‘mental illness’ were neither challenged ontologically nor epistemologically, but were considered in a way they always had been – medically (Lock & Strong, 2012). However, the advance in the two approaches resulted in a shift towards an understanding of language concerning its use, purpose and relation to reality. Lock and Strong (2012) implied that this of course depends on “our understanding of ‘reality’... [and] to our understanding of ‘ourselves’” (p.4). The study of language therefore is the attempt to understand the world as represented in language; for how can the world be the same for everyone. If this research is to contribute to an understanding of the representational, ideological and relational aspects of Beating the Blues, there needs to be an exploration of textual content.

This research has followed a qualitative approach to permit a breadth of flexible exploration without the constraints of needing to quantify the findings (Merriam, 2002). While quantitative approaches are concerned with systematic measurement of variation, often followed by generalisation and the reproduction of findings into categories (Howitt & Cramer, 2011), qualitative research allows for discovery, interpretation and evaluation of individual and social phenomena in a way that incorporates psychological, anthropological and sociological disciplines (Saldana, 2011). Discourse analysis is a qualitative approach that studies ideology and the organisation of social ties (Parker, 2005). The employment of discourse analysis by numerous researchers has rendered the method rather heterogeneous, since each analyst develops their own interpretation and definition.
of the approach (Silverman, 2011). Thus, the actual research process can differ significantly from one study to another (Wetherell, Taylor & Yates, 2001). In an attempt to broadly outline the use of discourse as data, Wetherell et al. (2001) define the method as a “close study of language in use” (p.5). Language in ‘use’ refers to the constructs of language, whether they be experiences, images of the self, objects, or a combination of all of these (Willig, 1999). Fairclough (1995) enhances this understanding by including multi-semiotic repertoires as part of the ‘text’ studied in discourse analysis. He recognises that many texts combine language with other semiotic forms, and therefore argues that an analysis that incorporates these features has an improved and enriched evidence base for “social and cultural phenomena” (p.4). Furthermore, Mansell (2008) highlights discursive analysis as a prerequisite to the study of CBT since it “is not a stand-alone treatment, but is embedded within a wide system of knowledge and discourse” (p.21).

Materials

The corpus for this study includes three sessions of a computerised cognitive behaviour therapy (CCBT) program ‘Beating the Blues’, and supplement materials such as an information leaflet and visual fragments of the program. The three sessions are originally formatted to include a combination of visual and auditory functions, and therefore these features have been appended as transcripts and screenshots (see Appendix 1).

Procedure

Access to Beating the Blues (through work with a self-help service that offers the program) provided a good foundation for this analysis. An identified gatekeeper passed formal consent for the program to be used and reproduced in this report (see Appendix 3). Following consent and ethical approval (see Appendix 3), the first, fourth and eighth sessions of the program were recorded for ensuing transcription (see Appendix 1). Several screenshots of the three sessions have also been included to provide aesthetic context and have been specifically appended to collate with any reference to textual features in the analysis (see Appendix 2).

The analysis followed a three-staged procedure proposed by Fairclough (2001) for the critical discourse analysis of a text. The first stage is a descriptive stage, where the text is initially explored for formal features that express an indication of meaning. Fairclough points out in this initial stage the need to alternate focus between the content of the text (i.e. formal features) and the discourse type. To identify these formal features, Fairclough suggests that a number of questions be asked of the text that relate to experiential, relational, and expressive values (Fairclough, 2001, pp. 92-93). Although he outlines ten main questions, he acknowledges that not all may be relevant to every text and so they should be regarded as part of a suggestive structure rather than a prescriptive one. The questions that have been applied to this text are discussed in the analysis. The second stage adopts an interpretative nature, whereby the discourses were exposed to interpretation of text and context through interpretive procedures often limited by the researchers own background assumptions. This stage focuses on the mediated relationship between the text and social structures, and the
“common-sense assumptions which give textual features their values” (Fairclough, 2001, p.117). The process of interpretation is far more subjective than the description, drawing upon experiences of history, social order, pragmatics, vocabulary and schemata. At the contextual level, interpretation considers the contents, subjects, relations and connections that determine situational and institutional orders (Fairclough, 2001). The third and final stage is the stage of explanation. This level is where the micro structures of the text have been applied to the macro structures of society. The assumptions identified in stage two were analysed to integrate images of power and specific ideologies, as a means of explaining the social phenomena encountered.

**Ethical Considerations**

Ethical issues for qualitative research are often elusive and intertwined with the relationship between the researcher and the researched (Orb, Eisenhauer & Wynaden, 2000). A particular consideration for discourse analysis pertains to the way in which the research gave privilege to my own interpretations and knowledge over that of the researched (Herring, 1996).

My position with Self Help Services has further implications. Since my work with the service has been on-going throughout the research process, I have been evaluating Beating the Blues whilst trying to remain objective in supporting clients who are accessing it. Thus, whilst my perspective should be clinical, I have been concerned with a more critical view.

The research was approved by the university Faculty Ethics Committee prior to commencement, and the use of Beating the Blues was authorised by an identified gatekeeper (see Appendix 2). To comply with Self Help Services’ regulations, neither clients nor client details were used in the study. Since the research has not involved participants, I have a particularly strong research position where I have been able to work reflexively without participant effects. Other ethical implications are outlined in the ethics approval forms (see Appendix 2).

**Analysis and Discussion**

**Aggression**

From the outset, the program adopts a metaphorical technique in titling the program ‘Beating the Blues’. Aside from its appealing phonetic resonance, it also denotes imagery that the individual is engaged in a fight against the ‘blues’ (i.e. depression and anxiety). Although the clients are taking measures so that the symptoms of depression and anxiety cease, they are not in a literal fight against depression and anxiety. To ‘beat the blues’ the program is making an ideological assumption about what the ‘blues’ actually are and the process through which they are ‘beaten’.

There is a preoccupation with a lexicon associated with aggression and antagonistic attitude. The over-wording and rewording of words such as “beating”, “challenge”, “tackle”, “obstacles”, “armed” “catch” and “defeat” (see Appendix 1) are hyponyms to battle and fight. The collocation of these lexes point towards a particular understanding of the sort of attitude required to ‘overcome’ depression and anxiety. The experiential values of the vocabulary that collocate with
aggression draw upon a classification that implies a scheme for how to (aggressively) confront depression and anxiety.

The relational values of this lexicon are markedly formal, and resemble the relationship between a coach and learner. This analogy is appropriate since the therapist is encouraging competitive and aggressive behaviour perhaps more commonly associated with sport. The formality of the text is unsurprising since no real social relationship can be established with a computer. Even the program title could be understood as euphemistic, in the sense that it is palatable and non-threatening in light of the allusive hostile attitude outlined above.

Concerning expressive valuation of the text, there is a distinct understanding of the producer’s reality pertaining to depression and anxiety. This reality is indicated through the expressive modalities with particular associations. To explain further, using the example “Beating the Blues will teach you strategies to help you feel better” (session 1, line 18), will is associated with the meaning of ‘definite’ or ‘certainty’. If this modality were replaced with may, the expressive value would change to be associated with ‘possibility’. Therefore, the modality will is expressive of the producer’s truth, and subsequently their understanding of reality. To this end, the producer’s reality is that the way to feel better and overcome depression and anxiety is to ‘beat’ it by applying the attitudes and actions described throughout the therapy. The problem with expressing all encompassing ‘truths’ in therapy, is that the client is unlikely to recognise the subjectivity of these ‘truths’ and take them to be absolute.

An element of text may have several speech act values that infer what the producer is doing by writing it. By drawing together a lexicon of dynamic attitudes towards anxiety and depression, the producer is teaching the client to exchange the “old way” (session 8, line 579) of thinking for this new competitive way. A preoccupation with the need to monitor progress endorses the notion that helping one’s self is a process of competition. The coherence of this discourse throughout the text magnifies its importance. The discourse’s part in the overall global coherence of each session relates to its involvement in the session structure. Either when summarising previous cognitive and behavioural techniques, or following the introduction of a new one, the text refers to checking progress, or defeating, challenging or tackling the problem. These patterns are (subjectively) associated with this discourse and thus establish the summary interpretation of this text. To this end, the ‘point’ of the discourse is to teach the client competitive and aggressive attitudes towards. A question of why this is the ‘point’ of the discourse is more relevant under the procedural stage of explanation.

The competitive ‘fighter’ action endorsed in the discourse relates to modern capitalist engagement with markets and socioeconomic competition. Notions of individualism on the one hand resonate positive action as it “carries connotations of self-reliance, self-improvement, independence of thought and non-conformity”, whilst on the other hand it builds a sense of “self-interest, competition and abdication of personal responsibilities in the favour of economic forces” (Burman, 2008, pp.265-266). The understanding of individuals as part of a market, places the individual as solely responsible for their own achievements. This implies the need to employ tactical competition if one is to achieve social or economic
success. While capitalist ideologies appear at first to relate to the economy, a movement has taken place that implicates capitalism in numerous institutions (Slaughter & Lesley, 1997). Thus, it is an unimpeded aspect of this CBT discourse. Therapy is used as a channel through which capitalism can operate on individuals (Rasmussen, 2004). As a result, behavioural differences have been identified between people in capitalist states to their socialist counterparts (Rakos, 1988). The effects of discourses such as this are encouraging capitalist ideologies as the ‘healthy’ way to live. Critics of capitalism have blamed psychology as a contributor to the social problems brought about through capitalism (Roshchin, 1980).

**Depression and Anxiety as Criminal**

Amongst the questions outlined by Fairclough (2001) that need to be asked of a text is ‘what metaphors are used?’ Session 4 metaphorically utilises the example of a courtroom process in cross-examining a case to the process of “challenging unhelpful thoughts” (session 4, line 157). The program directly associates the thoughts of the client with the behaviour of a criminal; encouraging the client to evaluate their thoughts by considering the “evidence for and against” (session 4, line 174). This separation of individual and thoughts, suggests that the ‘unhelpful’ thoughts (not all thoughts) have employed a level of autonomy and are able to sustain themselves independently. Notably, even in discussing this feature of the text, the researcher is adopting language that personifies the unhelpful thoughts also. As Fairclough (2001) explains, the significance of using metaphors is that they are attached to different ideologies. Engaging the metaphor of thoughts as criminal behaviour has several connotations.

The courtroom metaphor draws upon a pre-existing judicial classification scheme as a means for understanding negative thoughts. Having identified this metaphor, the frequent use of the word “challenge” has a slightly different meaning. Thereafter in the text, ‘challenge’ is understood to collocate with a judicial lexicon, hinting towards a process of challenging someone in court. Relational values in the text, such as linguistic formality, suggest a continuation of relational positions as outlined in the previous discourse. Despite the appointment of new metaphorical roles, the language in the text does not indicate a relational change. The language involved in the courtroom analogy is passive and not particularly threatening. Indeed, asking the client to evidence their negative thoughts (session 4, line 174) could be euphemistic for ‘scrutinise’ or ‘dissect’; however, the metaphor itself is more hostile.

The commitment to using the courtroom metaphor indicates a level of truth expressed by the producer. Expressive modalities highlight the ‘truth’ of comparing a CBT technique to a court process. For example, referring to the four challenging questions technique, the text says, “they are like taking your thoughts to court and cross-examining them” (session 4, line 157). The verb *are* expresses the producer’s understanding that this technique is matter-of-factly akin to the prosecution process in court. If *are* were replaced with *might be* the meaning would change and no longer suggest an absolute.

A particular descriptive question that can be asked of a text is ‘what larger-scale structures does the text have’ (Fairclough, 200, p.93). The relevance of this question relates to the association of the judicial metaphor to the wider structure of
the session and the program as a whole, which further relates to the even wider structure of CBT and therapy. Each session follows a clear structure; review week, recap techniques, introduce techniques, practise techniques, outlining projects, and session evaluation. This structure not only affects the client’s expectations, but also the interpretation of various discourse elements. Organisation of the sessions in this way means that features of the session are less likely for be forgotten or “to disappear from view and consciousness” (Fairclough, 2001, p. 116).

In interpreting discourse at the textual level, linguistic repertoires are employed. The courtroom scenario occupies “unhelpful thoughts” (session 4, line 156) as social roles. The use of this metaphor associates thoughts with perpetrators of crime. Attending to the coherence of the text, additional use of phrases such as “thinking errors” (session 4, line 153), and “good and bad things in our lives” (session 8, line 13), infer that this metaphor is coherent throughout. To this end, it sustains the global coherence of the text regarding this particular understanding of negative thoughts.

The contents of this discourse relates to the practice of CBT, within which the therapist is trying to “teach” (session 4, line 152) the client a cognitive-behavioural technique for changing negative thoughts. This technique is one of many ‘topics’ (Fairclough, 2001) that this activity could draw upon (session 8, lines 213, 230, and 237 respectively). The purpose of this technique (and therefore the content) is for the client to learn how to use the four challenging questions to change negative thoughts. Overtly, the engagement of therapy indicates two primary subject positions: the client and the (computerised) therapist. In addition to these, they occupy several the social roles of teacher and student; an unsurprising association due to the educative style of CBT (Proctor, 2008). Furthermore, the client is directly asked to occupy the subject position of “cross-examining barrister” (session 4, line 317), to help the client “come up with evidence” (session 4, line 320). The more interesting aspect of these positions lies in the relationship between them. Each antagonistic pair presents power dynamics. Relational power is not present simply as a result of subject positions, rather power in discourse “is to do with the powerful participants controlling and constraining the contributions of non-powerful participants” (Fairclough, 2001, p.38-39) through the medium of contents, subjects and relations. Thus, the more powerful subject exercises power by providing ‘expert’ knowledge over the non-powerful subject and limiting their input. Interestingly, the position of barrister is a seemingly powerful one, where power over the criminal is encouraged. Nevertheless, this exercise of power from the ‘client’ is regulated by the expertise of the therapist. Thus, as Rose and Miller (1992) explain, subjects of power are often allowed to exercise their own control, to obscure the more potent regulations of authorities; therefore, individuals learn to “bear a regulated kind of freedom” (cited in Bell, 1993, p. 174) under the illusion of real emancipation.

The situational control retained by the therapist is indicative of the broader social control of therapy. The social practice of therapy stylises relations of power at situational, institutional and societal levels. Bannister (1983) highlights this in the way that therapist-client relationships are initially formed because of power imbalances. The therapist is sought because of their expertise and reputation,
while the client has renounced a need for psychological help. Therefore, the therapist will inevitably control the initial (if not all) stages of the relationship.

Social control has not always contributed to individual health practice. Bauman (1983) explains that traditional forms of social power were exercised through sovereignty and dominating classes within social hierarchal order. However, a new power of surveillance has seeped into the social structure of health care (amongst other) institutions. Akin to the judicial analogy analysed in the discourse, CBT is judicial by nature. The therapist is required to make culturally influenced judgments about the client and their representations of reality (Proctor, 2008). The rationality of these judgments draws upon societal norms and scientific assessment, which Proctor (2008) contests regarding objectivity. In the same way power is exercised through the surveillance of health, CBT attempts to normalise the behaviour of clients by proposing specific techniques for modifying ‘wrong’ behaviour. Indeed, CBTs theoretical basis is in itself a discourse of normalisation (Foucault, 1973). In light of the criminal connotations in the discourse, Beating the Blues is performing extreme measures of normalisation by suggesting the client’s current behaviour and thoughts are not only abnormal, but felonious. Arguably, this manipulation of supposedly fair judicial systems for the intent of behaviour modification is unethical. Brown (2002) argues that government implementation of CBT is indicative of social control and a means of disciplining a population. Considering the endorsement by national health services to implement CCBT as primary treatment, Brown’s (2002) request for further research in order to scrutinise these practices is pertinent.

**Clients as Consumers**

Considering that “clients are also consumers” (Morrison, 1991, p. 103), much is to be said about how the language of therapy initiates the selling of health care products. Several references to “cycles” or “circles” of depression and anxiety are used to emphasise how “vicious” and difficult are to break (e.g. session 1, lines 23, 427; session 4, line 118). Responding to these assertions, Beating the Blues is presented as an inclusive solution to breaking the cycle; client’s will “feel better and stay better” (session1, line 18) as a result. Phrases with synonymous experiential values are found throughout the three sessions that endorse CBT (and thereby Beating the Blues) as the most effective way of ‘treating’ depression and anxiety. For example, “cognitive therapy has helped thousands of people”, and “they are very powerful techniques” (session 1, lines 163; session 8, line 304). Collocations of such words allude to the effectiveness of the program by referring to what the therapist will teach the client, and presuming what the client has already learned. For example, “I’ll be teaching you a number of…strategies” (session 1, line 458), and “you’ve learned how to change unhelpful thoughts” (session 4, line 368). These experiential values convey that Beating the Blues is effective because the therapist is teaching and the client is learning. These values indicate truths about the producer’s reality; by repeating these classifications of CBT learning, the producers are endorsing its effectiveness to appeal to the client. To this effect, clients may be encouraged to believe this truth and consider the program more effective.

The text uses a combination of pronouns ‘you’, ‘I’, and, although less often, ‘we’. The use of ‘we’ in this discourse is inclusive, since it refers to collaboration of
therapist and client; “these are the scales we’ll use”, “we’ve looked at the symptoms of depression and anxiety” (session 1, lines 72 and 455 respectively). The more frequent addresses of ‘you’ and ‘I’ highlights the difference between the therapist and client. “I’m going to tell you” is an example of relational difference, in which the therapist retains knowledge where the client lacks. The regularity of a moderately formal lexis upholds relational distance. The pronoun ‘you’ is often employed in mass communication for advertising, where ‘you’ is anonymous (Fairclough, 2001). Considering the computerised nature of the therapy, the client is equally as anonymous. Beating the Blues is designed for a specific audience in the same way an advertisement is.

Examples from previous clients endorse particular aspects of the program. Following the introduction of the activity record doing technique, the accounts of three clients are included that describe their experiences of the technique (session 4, lines 138-149). This reinforces the importance of doing this technique for the client and endorses the overall product. The continuation of client examples throughout the program lends to both the local and global coherence of the text.

Allowing that Beating the Blues is a product, the producers must be resolute towards its capacity to ‘sell’ or achieve its purpose. Therefore, expressive modalities of the text such as “this will help you to overcome your depression and anxiety” (session 4, line 17) infer absolute surety that the program is effective. This inference is of ideological interest since it represents the effectiveness of Beating the Blues as a categorical truth.

Drawing upon interpretative repertoires of textual meaning, the expressive value discussed before also has speech act value by making an implicit promise that Beating the Blues will ‘work’. Speech act values are not assigned through interpretation of the relationship between the features and context; thus it is a process of pragmatics. Lexical formations throughout the text corroborate the theory that the program attends to a consumer clientele. Session 1 begins by emphasising a broad demographic in attending to all people, backgrounds, and circumstances (line 14). Subtle reminders throughout the sessions regarding the benefits of the program (e.g. session 1, line 41) along with regular cues about what the client has ‘learned’ so far (e.g. session 4, line 159) augments the ‘selling’ of the program. In addition to this, the tendency to refer forward to techniques that will be introduced later (e.g. session 4, line 163) is a strategy for keeping the product fluid and up to date.

The situation of this discourse pertains to the provision of therapy, in which the particular activity is the provision of CCBT to individuals seeking treatment for depression and anxiety. The institutional purpose of this is for clients to ‘recover’. Individuals may occupy several subject positions within any given situation, and subsequently, the function of the individuals will differ between positions. For example, when occupying the position of therapist, the social identity is associated with health assistance and care, whereas the position as producer instigates a social obligation to market and sell the product effectively. Notably, throughout this research the analyst has referred to both therapist and producer for lack of another title, but not without recognition that the two social identities are different. The question of relationship between the social identities also changes dynamically. The undercurrent of power between the therapist and client, pertains to expert and
non-expert knowledge about the self. Whilst expertise still features between the producer and consumer, it pertains to the knowledge of the product rather than the self. Language plays a constitutive part in upholding these dynamics by presenting expert understanding of the product. The way in which the course of therapy is manipulated by language is indicative of the degree of power exercised by the producer. The client has very little influence over what the program discusses.

The idea of consumerism in health care is not particularly recent (e.g. Bloomer, 1978; Winkler, 1987; Manthei, 1983). An extraordinary preoccupation with the self has caused an upsurge in self-help literature and projects in recent years (Rimke, 2000). Western culture is excessively concerned with upholding independence and autonomy, with little consideration to the relations of individuals to others (Markus & Kitayama, 1991). Indeed, “the governing of the soul has shifted” (Popkewitz & Bloch cited in Burman, 2008, p. 261) and “we are living in the age of neoliberalism” (Saad-Filho & Johnston, 2005, p.1) where a concern about one’s self is customary. The marketisation of health sector projects (such as Self Help Services) has thereby evolved to adapt to the competitive environment of the market. The producers of Beating the Blues are clear about the market value of the product, and although encourage clients to access it through general practitioners, advertise the option to purchase the program (see leaflet found in Appendix 1). Even a discipline as broad as psychology is suggested to be more powerful in marketing, consumerism, and relational management than in clinical health (Parker, 2007).

This cultural concern with understanding every aspect of ourselves is represented in the everyday social practice of engaging in emotional and therapeutic language. Furedi (2004) acknowledges an unprecedented rise in these everyday discourses as part of a “turn towards emotionalism” (p. 4). The increase of depression in each generation has led to a normalisation of pathologised emotion, and the encouragement to feel depressed is part of life’s routine. He relates this to an unspoken message that the way to proceed through emotions is restricted by therapeutic knowledge, suggesting that the best way to deal with emotions is therapeutically (Furedi, 2004). These processes of social therapy influence the wider social practice. Hence, discourses such as Beating the Blues are both determined by social struggles and have an active role in determining social effects (Fairclough, 2001). Whilst the popularity of self-help literature and the increasing culture of therapy will determine the production and packages like Beating the Blues, the efforts to advertise and increase consumer numbers will also determine the production of self-help programs. The ideological underpinning of CBT that humans are rational beings resonates with modernity’s system of science and technology (Woolfolk & Richardson, 1984), which offers an understanding about the popularity of CCBT, since it combines the aforementioned ideology with post-modern attitudes of autonomy.

**Reflexivity**

The nature of qualitative research, and particularly discourse analysis, is a reflexive process. As social beings, we have “reflexive capacities to interpret and change the world” (Parker, 2007, p.34). In the same way that social sciences
cannot transcend the institutions that constitute them (Woolfolk & Richardson, 2008), I consider that researcher’s cannot transcend the effects of the discourse. This has become apparent to me throughout the process of this research. Exploring a critical approach to CCBT and therapy has influenced my perception of these treatments. Most significantly, I have noticed this change during my work with Self Help Services. The nature of critical analysis meant that I approached the text with a critical framework and little else. By following the procedure, I was challenging the language and ideologies in the text without much consideration to any positive features. Consequently, on completion of the research I have a different perception of Beating the Blues to when I started.

The process of identifying ideologies and power within texts does not happen in practice through the extraction of ideologies that are waiting to be found, but rather they are found because of the researcher’s interpretation of the text; a technique that is wholly subjective and reliant on existing schemas of knowledge. Due to the methodological nature of this research, my own interpretation featured heavily during the analysis and discussion. Amongst the stages followed for analysis, the second stage is the most subjective and reliant upon my own resources. The interpretations I made depended on frameworks of knowledge that I instinctively turned to. These interpretations cannot be observed like other physical processes, but are only identified through my own self-consciousness (Fairclough, 2001). For this reason, it is important to work reflexively throughout qualitative research to recognise when one’s own knowledge resources are consulted. For example, when interpreting the courtroom metaphor, I had preconceived negative references of the analogy. However, to another researcher, their perception of ‘courtroom’ may conjure positive schemata associated with justice and freedom. This interpretation would undoubtedly have led to a different explanation of social phenomena.

Parker (2007) asserts to the idea that psychological research creates an image of us. This seems to be the case when looking at the different ideologies and theories attended to in this research. The range of concepts reflects my current understanding of psychological frameworks as learned in my final year of study. Thus, when analysing the text, I was drawing upon personal interpretative repertoires that relate to my own schema of knowledge as an undergraduate psychology student.

A particular limit of this research, apparent through the research process, is how vast the content of Beating the Blues is, and how little capacity I have in this report to expand upon all of it. Future research should firstly carry out a more in-depth analysis, with the possibility of including client participation. Reflecting on the method of critical discourse analysis, I am aware of how the individual was generally regarded as a docile victim of power and oppression; a view that is contested by some, and for others forms the basis new research propositions (Gill, 2008). Therefore, ensuing research could consider this account of individuals and incorporate strategies for a more coherent account of people.
References


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