



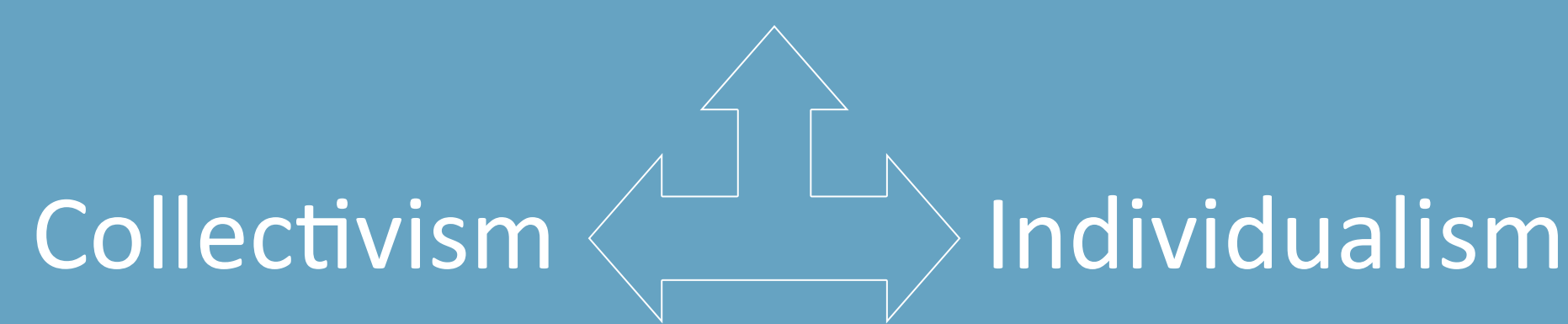
CBT: A South Asian User Perspective

Background

Naeem et al (2010) identified a number of barriers when offering CBT to a South Asian client group. They suggested that CBT might need cultural adaptation, before its application in non-western cultures.

Naeem et al (2009) studied Pakistani student views of CBT compatibility with their social, personal and religious values. Results showed 25.8% of students thought CBT conflicted with their religious beliefs. The main reasons for incompatibility were that students believed that they must live by community and familial rules, collectivist in its nature. This is in contrast to Western individualistic thinking.

Scorzelli & Reinke-Scorzelli (1994) conducted a study where they taught Indian postgraduate psychology students cognitive therapies. A staggering 87.1% believed that cognitive therapy conflicted with their values and beliefs, 40.3% reported it conflicted with their religious beliefs, and 46.8% reported it conflicted with their cultural/family beliefs.



Aims

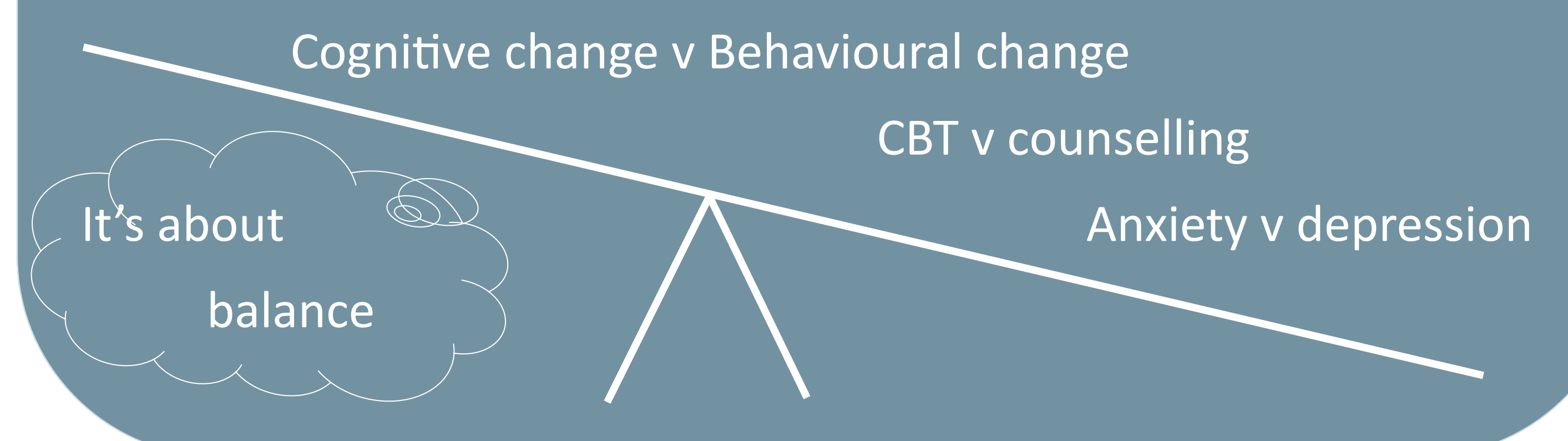
- To assess the strengths and weaknesses of using CBT with South Asian service users
- To capture the interventions and approaches that result in effective recovery from low mood and/or anxiety
- To address the ethical considerations using a model with a predominantly Western theoretical model and evidence base with South Asian service users
- To provide therapeutic recommendations for working with South Asian service users

Results

Thematic analysis of the results highlighted four main themes:

- 1) CBT was not consistent with participant's cultural norms and values, limiting the benefits of therapy. This became apparent as participants discussed how their personal lives clashed with the interventions used in therapy. This was mainly relevant to cognitive interventions where western idealistic thinking did not fit well with eastern concepts of life.
- 2) Practical interventions, such as promoting behavioural change, were more helpful than cognitive restructuring. It appeared that behavioural changes could be more easily applied than cognitive change due to the strong allegiance to the belief system of the cultural community
- 3) Participants found talking to somebody outside of their immediate circle was the most helpful aspect of CBT. Many had come to therapy with the expectation that they were receiving counselling. It appears that building a communal talking space for themselves in therapy tied in with their experiences of a communal Asian culture.
- 4) CBT was more helpful for anxiety related issues than depression

CBT culture v South Asian culture



Method

Participants over the age of 18 were invited to take part in the study by displaying posters in areas that had a high BME population. Five participants were briefed fully before taking part in semi structured interviews. A pre-defined interview schedule was employed, although there was an opportunity for participants to expand on particular subjects. The interviews were audio recorded and these were later transcribed for analysis. The transcripts were analysed using thematic analysis.



Discussion

- Aspects of CBT were very helpful, notably, the opportunity for a confiding and supportive relationship outside of the person's usual network, and behavioural interventions
- The needs of the participants were not always met as some cultural variations existed between the therapy being offered and the values of the client. It appears that client's cultural norms and practices were not addressed in therapy, creating a division in therapy and not maximising opportunities for congruence
- There appeared to be little modification of the CBT model when working with South Asian clients. Failure to modify therapy to meet varied schema or values is detrimental in offering an appropriate and responsive therapy
- An integration of counselling's "talking aspect" and certain aspects of the CBT model may be a more helpful way of working with this particular client group
- Further research to examine these issues more comprehensively is indicated

One size does not fit all

Key references

- Naeem, F., Gobbi, M., Ayub, M. & Kingdon, D. (2009) University students' views about compatibility of cognitive behaviour therapy (CBT) with their personal, social and religious values (a study from Pakistan). *Mental health, religion and culture*, 12(8), 847-855.
- Naeem, F., Gobbi, Ayub, & Kingdon, (2010) Psychologist experiences of CBT in a developing country: A qualitative study from Pakistan. [online]. Available at: <http://www.ijmhs.com/content/4/1/2> (Accessed: 10th April 2012).

Scorzelli, J & Reinke-Scorzelli, M. (1994). Cultural sensitivity and cognitive therapy in India,