Cognitive Behavior Therapy and Cultural Context: Commentary

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The articles in this special section highlight how cognitive behavior therapy (CBT) can be adapted for cultural contexts, as well as how some of the principles of CBT are applicable across cultures. The authors of the articles are from Korea, the United States, and Australia; they offer international perspectives on CBT. Professor Choi discusses cultural adaptations of CBT for Korea, Professor Masuda discusses the universal applicability of CBT, and Professors Andrews and Oei discuss CBT’s applicability to and professionalization in Asia.

Some of the issues that Professor Choi (2016, in this Issue) discusses, such as shamanistic healing and religious faith, are not components of standard CBT. He indicates that clients’ expressed wishes to the shaman are more about their family’s or neighbor’s pain than their own. This is a departure from standard CBT, which primarily focuses on intrapersonal solutions to problems. However, the family and community are as important as the individual in interdependent cultural contexts. Similarly, religious faith is a strong component of identity for many Koreans, who may view secular therapeutic approaches, such as CBT, as ineffective because of the lack of consideration of religion or spirituality.

Professor Choi also addresses hwa-byung, a psychological syndrome specific to Koreans that involves expressing psychological discomfort through psychosomatic complaints. Many CBT therapists do not consider psychosomatic symptoms to be the “real” problem. To these therapists, the “real” problem is psychological, rather than physical. Thus, CBT typically does not address somatic symptoms as a primary treatment issue. Nevertheless, somatic expression of psychological problems is common in Eastern cultures, whereas individuals living in Western cultures tend to psychologize problems and express them emotionally rather than physically (Ryder et al., 2008).

Other issues in Professor Choi’s article are common to clients across cultures. Lack of familiarity with psychological treatment and concern about possible stigma associated with psychological problems that require such treatment, exist to varying degrees among clients in all cultural groups. Professor Choi’s recommendations appear to be a form of psychoeducation that is often a component of CBT.

Professor Choi offers much practical advice for applying CBT with Korean clients. However, successful implementation of his approach requires a great deal of knowledge and sophistication in the nuances of Korean culture. His
article suggests that CBT therapists without such knowledge and sophistication could not effectively treat Korean clients and perhaps should not attempt to do so.

Professor Masuda's article (2016, in this Issue) focuses on the broad applicability of CBT principles. He makes the important points that CBT is not a set of techniques and that a topographical/content-focused approach does not determine its effectiveness across diverse clients and problems. Professor Masuda advocates for a reestablishment of principle-informed, experientially guided CBT.

Professor Masuda makes the important point that therapists should be aware of their own personal biases when working with clients across cultural contexts. However, CBT theory also contains potential biases. For example, there is an emphasis in Professor Masuda's article on the verbal regulation of behavioral patterns. However, the relative emphasis on verbal communication and language may vary widely across cultures, with much less emphasis on it in the East than in the West. Similar to CBT's emphasis on the psychologization of problems, discussed above, CBT's emphasis on verbal communication may not be equally effective across all cultural contexts.

Analogous to the cultural sophistication required to implement CBT with Korean clients, Professor Masuda's approach requires a high degree of conceptual sophistication. Although the topographical/content-focused approach may be superficial, it may be appealing to many CBT therapists because of its parsimony and accessibility. In contrast, the conceptual approach that Professor Masuda is advocating may require training to think and practice in a manner that does not characterize many CBT therapists.

Professors Andrews and Oei (2016, in this Issue) discuss both culture-specific and cross-cultural aspects of CBT. They provide an informative historical overview of how CBT has been implemented in Asian countries. This has been accomplished via individual training programs and professional networking. An evidence base for the effectiveness of CBT in Asia has been developing as a result of this training and professional organizational efforts.

Professors Andrews and Oei contend that "too much emphasis on the importance of culture in treatment planning can result in less focus on individual clients and their personal values, beliefs, and behaviours that are important in the maintenance of their problems" (Andrews & Oei, 2016, p. 29). Indeed, clients within any cultural context are heterogeneous and the extent of their identification with that culture is variable. A therapist's cultural knowledge can serve as a basis of hypothesis testing to determine how much the culture is influencing a client's behavior. Nevertheless, CBT is a Western cultural product that emphasizes the individual and the individual's emotions, as discussed above, and those factors can be overemphasized as much as any other aspect of culture. A consideration of both culturally-specific and cross-cultural issues is optimal for treatment effectiveness.

Consistent themes across these articles are the complexity and challenges of implementing CBT with Asian people. Having a generic set of therapeutic skills is unlikely to be sufficient. Knowledge of, and experience and skill with a client's culture are critical to therapeutic effectiveness (Sue & Sue, 2012). As Professor Masuda has emphasized, a superficial knowledge of how to do CBT is also insufficient in cross-cultural contexts. Effectively implement-
ing CBT with Asian people is possible, as Professors Andrews and Oei describe, but not without attention to the cultural context.

Benish et al. (2011) have observed that all psychotherapy exists in specific cultural contexts. Many CBT therapists who make cultural adaptations do so without acknowledging them or without a conceptual framework for doing so. The articles in this special section provide conceptual frameworks for cultural adaptation that have the potential to enhance the cross-cultural applicability of CBT research, practice, and training.

References


