Adapting cognitive behavioral therapy to meet the needs of Chinese clients: Opportunities and challenges

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Abstract: With the growing influence of China (Chinese people/culture) on the world’s politics, economy, and culture, the psychological wellbeing of Chinese people is becoming increasingly important for both researchers and practitioners. Despite this, the cultural responsiveness of many conventional psychotherapeutic models has often been brought into question. In contrast, cognitive behavioral therapy (CBT) is rapidly becoming one of the most popular approaches in the mental health service industry and has been successfully adapted into many different cultural contexts. The current article is a theoretical discussion of the opportunities and challenges that CBT faces with respect to how it might meet the cultural needs and preferences of Chinese clients. Suggestions for successful cultural adaptation are offered based on existing research and practices. It is concluded that many features of CBT appear to match well with the Chinese cultural perspective. However, despite this promising start further work is needed to focus specifically on its practical effectiveness for Chinese clients.

Keywords: CBT; Chinese culture; counselor education; therapeutic adaptation

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Through CBT, the therapist works with the client to identify, think influence the ways they act and feel (Wills, 2010). The fundamental principles with existing behavioral approaches to therapy (CBT). The demand for cultivating culturally responsive psychological approaches is not limited to the Chinese population alone. With rapid globalization, it has been an issue discussed in many communities all around the world. Multicultural research and practice are being presented at the center stage of mainstream psychology (Hays, 2009; Hays & Iwamasa, 2010). Some scholars have even recognized multiculturalism as the fourth wave of modern psychology (Pedersen, Draguns, Lonner, & Trimble, 2002). One of the major discussions within this field is around therapeutic adaptation, which involves modifying key components of therapeutic delivery to meet the needs and preferences of a particular client group without compromising the fundamental principles of the practical or theoretical model (e.g., Benish et al., 2011; Nicolas, Aratz, Hirsch, & Schmiedgen, 2009). Many popular therapeutic models have become the subjects of such processes, including cognitive behavioral therapy (CBT).

CBT was developed during the 1960s by incorporating cognitive principles with existing behavioral approaches (e.g., Lin, 2002; Wilding, 2012; Wills, 2010). The fundamental assumption of CBT is that the ways in which people think influence the ways they act and feel (Wills, 2010). Through CBT, the therapist works with the client to identify, evaluate, and potentially modify maladaptive cognitive and behavioral patterns. Ultimately, it aims to facilitate the establishment of a more balanced system to regulate the client’s thoughts, feelings, and actions. Practically, CBT is often perceived to be solution focused and timely. It is designed to efficiently identify the needs of the client and to develop specific strategies to achieve them. CBT is also often described as a directive approach. The therapist guides the client to complete specific behavioral and cognitive tasks. Furthermore, compared with other therapeutic models, CBT places significantly more focus on psycho-education and homework.

During the past decade, CBT has rapidly been solidifying its position as the leading therapeutic model in the mental health industry (Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009; Wilding, 2012). Growing empirical evidence has demonstrated its efficacy and effectiveness in treating a wide range of psychological issues, such as anxiety, depression, and post-traumatic stress disorder (Butler, Chapman, Forman, & Beck, 2006; Klien et al., 2013). In addition, many of its characteristics allow CBT to be effectively evaluated and implemented in a relatively cost-effective fashion. Despite the criticism with respect to its present status as the “golden boy” of psychotherapy, CBT has a significant place in the development of international psychology. It is because of its importance that this paper aims to explore the opportunities and challenges for adapting CBT to Chinese culture.

Cultural adaptation of CBT

As many of the current psychological approaches and theories are developed based on the majority culture, particularly Euro-American social values (Henrich, Heine, & Norenzayan, 2010), scholars have questioned the appropriateness of directly applying them to ethnic minority client groups (Chentsova-Dutton & Tsai, 2010; Cheung, 2012; Franklin et al., 1993). Additionally, despite acknowledging the need for culturally responsive therapies, researchers have revealed that very few of these tailored approaches are used in the field (Bernal et al., 2009). It has been suggested that in order to achieve higher acceptability and effectiveness, many conventional approaches to therapy need to be modified before implementing them with culturally diverse client populations (Cheung, 2012; Kaiser, Katz, & Shaw, 1998; Ohnishi & Ibrahim, 1999). Due to the particular popularity of CBT, it is
often adapted for clients from different cultural backgrounds (Diaz-Martinez, Interian, & Waters, 2010; Jackson, Schmutzer, Wenzel, & Tyler, 2006; Nicolas et al., 2009; Shattell, Quinlan-Colwell, Villalba, Ivers, & Marina, 2010; Shen et al., 2006). To date, researchers have suggested that modified CBT can be effective within multicultural contexts (Miranda et al., 2003). For instance, Diaz-Martinez et al. describe a case study in which CBT strategies were incorporated with cultural values to understand and resolve psychological issues experienced by a Venezuelan woman. In this particular case, Latino values of marianismo (selfless sacrificing for the family), respecto (respect), familismo (value of the family), and ser bien educado (describing parents’ responsibility for the behavior of their children) were taken into consideration when the therapist was making sense of the automatic thoughts and core beliefs of the client. These values also became a central component of the treatment formulation with respect to coping strategies and cognitive restructuring. In the end, the therapist was able to use a culturally responsive version of CBT to ultimately have a positive impact on the client’s overall psychological well-being (Diaz-Martinez et al., 2010).

With respect to Chinese culture, CBT was among the first therapeutic approaches to be introduced to modern China and it is now widely used (Lin, 2002). Because of the early political alliance between China and the former Soviet Union, behaviorism was extremely influential during the initial development of Chinese psychology (LaVoie, 1989). Further, because the majority of early psychology programs in China were established as part of teacher education (Hou & Zhang, 2007), behavioral modification was a major component in the training of many Chinese psychologists. Despite its popularity, theoretical literature and empirical research regarding the use of CBT in the Chinese cultural context are scarce. In one study, Shen et al. (2006) evaluated a Chinese CBT program taking place in Vancouver, Canada. The program was delivered by Cantonese-speaking cognitive behavioral therapists. In addition, Chinese traditional values and principles were further incorporated into their practices. For instance, recognizing the cultural emphasis on social hierarchy and professional expertise, they took a more active and instructive stance in their sessions. They also anticipated their Chinese clients’ reluctance to discuss personal and emotional issues and they were more tentative in their exploration of such subjects. Furthermore, the therapists in this program fully acknowledged the contradiction between cultural values and what CBT traditionally described as adaptive. The results of their evaluation were promising, with both the treatment efficacy and acceptability of this form of CBT being found to be positive for the Chinese clients involved (Shen et al., 2006).

Scholars have offered several possible reasons for the apparent amenability of CBT as a multicultural therapy (Hays, 2009; Jackson et al., 2006). First of all, CBT places more focus on conscious processes. It relies more on action rather than verbal expression. Thus, it reduces the effects of linguistic and cultural barriers. Secondly, it uses the client’s own strengths and support systems to facilitate changes and coping strategies, factors that are presumably founded on the client’s own cultural background. Thus, the therapists are able to develop culturally responsive interventions. In addition, the underpinning principle of CBT recognizes the idiographic nature of the client’s problems (Williams et al., 2006). It acknowledges that the issues that are experienced by clients are deeply rooted in the family structure as well as the social and environmental background, much of which is culturally defined. In other words, it is cognizant of the role that culture plays in psychological well-being (Padesky & Greenberger, 1995). Finally, inherent within CBT theory is the desire to create a cooperative relationship between the therapist and the client (Shawe-Taylor & Rigby, 1999; Wills, 2010). Such a stance further allows the evaluation and modification of the treatment to achieve cultural appropriateness.

Opportunities for CBT

Within the limited research currently available, it appears that CBT is a viable candidate to be adapted to meet the cultural needs and preferences of Chinese clients (Du, Jiang, & Vance, 2010). In one study (Wong & Poon, 2010), researchers randomly assigned Chinese participants to either a culturally attuned CBT group treatment or a control group treatment. In the culturally attuned treatment, several modifications were made. First of all, all of the technical terminologies of CBT were translated into colloquial language to counter the potential cultural differences in language expressions. For instance, “automatic thoughts” were rephrased as “thoughts traps.” Secondly, all worksheets used in the treatment were translated into Chinese. Third, to meet the cultural preference for authority, the therapists took more active positions in the initial stages of the treatment. Finally, with consideration to the collectivistic nature of Chinese culture, the therapists encouraged the clients to identify their cognitive pattern through exploring their family and interpersonal
relationships. After 10 3-hour treatment sessions, the researchers compared the levels of improvement between the two groups. The results suggested that the participants undergoing the culturally attuned CBT group treatment showed significantly greater improvement with respect to general health and many aspects of psychological well-being (Wong & Poon, 2010).

Many writers have suggested that several features of CBT, including its underpinning theoretical principles and operational characteristics, match well with the cultural needs and preferences of Chinese clients (Chen & Davenport, 2005; Lin, 2002; Williams et al., 2006). Additionally, it is recognized that the congruence between therapeutic principles and the client’s experiences and expectations is positively correlated with the effectiveness and acceptability of the treatment (Lin, 2002; Zane et al., 2005). Some of these features are outlined in the sections below.

**Directive**

Although CBT is commonly quite directive in its application, it is not intended to take full control away from the client. For instance, many CBT training manuals stress the importance of the client’s own motivation in the process of change (Wills, 2010). Further, it is recommended that the therapist and the client should establish a collaborative working relationship. However, because CBT treatment focuses on completing specific tasks, it often requires the therapist to take a more instructive stance and to be more active in the process. Under the Western individualistic cultural framework, such a stance may be criticized for undermining the autonomy and willingness to change of the client.

In contrast, the perception can be quite different in the Chinese cultural context. The Chinese social structure is highly influenced by Confucianism (Wu et al., 2002). Confucian teaching often refers to human interaction in terms of three relationships: between older brother and younger brother, between father and son, and between the people and the king. It places great emphasis on social hierarchy. It also demands respect and obedience (Kolstad & Gjesvik, 2014). Within the therapeutic relationship, Chinese clients often expect the therapist to take the position of the authority, such as an expert or a teacher. They are more ready to be given instructions and directions.

Many writers have argued that, for Chinese clients, being directive shows the therapist is professional and knowledgeable. It facilitates the development of trust and a therapeutic relationship (Chen & Davenport, 2005; Lin, 2002; Williams et al., 2006). In contrast, failure to establish such a position may result in a rupture of the therapeutic relationship. This preference for a directive counseling style has been well documented among Asian clients such as the Chinese people (Li & Kim, 2004). In their study, Li and Kim assigned Asian participants to directive and nondirective counseling conditions. They concluded that participants under the directive condition reported the therapists to be more empathic and cross-culturally competent. They also experienced greater therapeutic alliance and session depth.

**Task focused**

Another defining feature of CBT is that generally it is viewed as more task focused. It aims to identify the specific cognitive and behavioral processes associated with the issue. Whether it is a negative thought pattern or a maladaptive coping strategy, the therapist works with the client to identify and eventually resolve it (Joseph, 2011).

The stance that CBT takes is very pragmatic and structured. Numerous contributions to the literature have illustrated that such a stance is often preferred by Chinese clients (Kim, Li, & Liang, 2002; Leong, 1986; Williams et al., 2006). First, traditional Chinese culture emphasizes the value of avoiding interpersonal conflict and controlling emotional expression (Yip, 2005). Chinese clients are often not as in touch with their own feelings and have difficulty discussing them in therapy. Compared with other therapeutic models, CBT relies less on the clients’ own ability to articulate their emotions and feelings verbally. Rather, it places more focus on resolving more specific and tangible issues. Hence, it allows Chinese clients to work on their emotional issues without necessarily having to relearn the abilities such as internal dialogue and emotional communication. Further, by focusing more on the tasks, it facilitates the reduction of anxiety associated with emotional exploration, at least during the initial stages of therapy.

Second, some writers have suggested that traditional Chinese culture places significantly higher value on tangible and practical matters than its Western counterparts (Kolstad & Gjesvik, 2014). Compared with Western philosophers who were interested in abstract matters such as metaphysics, Chinese scholars offered more thoughts on practical issues such as ways to live day-to-day life (He, 2002). Even within modern Chinese society today, people in general seem to adopt a more materialistic or utilitarian attitude toward their...
lives. Thus, it is not surprising that the Chinese clients often expect to experience tangible changes earlier on in their therapy.

In addition, many of the therapeutic terms and vocabularies used in therapy to describe and interpret feelings and emotions are often constructed based on the majority cultural reference. The original connotations are sometimes lost when a therapeutic model is adapted into a different cultural context (Ng, Chan, Ho, Wong, & Ho, 2008). By focusing more on solutions rather than exploration, CBT is able to reduce the miscommunications and difficulties resulting from language difference.

Finally, since the Cultural Revolution the Chinese education system might be viewed as placing more attention on developing logical scientific ability, rather than artistic expression. It could therefore be argued that many Chinese people in contemporary society are more used to conceptualizing issues in a rational and structured manner. The step-by-step approach of CBT therefore matches well with this cognitive strength of Chinese clients (Shawe-Taylor & Rigby, 1999).

**Psycho-education and homework**

Another important characteristic of CBT is its use of psycho-education and homework. Cognitive behavioral therapists often educate their clients with various relevant psychological principles. They also assign tasks for clients to complete independently between sessions. In this sense, the therapeutic process of CBT can be perceived as very similar to a training program. Such perception is highly valued and preferred by Chinese clients (Sue & Okazaki, 1990; Williams et al., 2006). The benefits can be twofold. First, Chinese culture can be seen to place a high value on education and knowledge. Such a belief is well illustrated by a popular Chinese proverb: “a book holds a house of gold; a book holds a face as smooth as jade.” The Chinese people generally expect to achieve financial security and even romantic relationships through education. Even today in Chinese society, despite rapid Westernization, academic achievement is still placed at the center of individual development. Hence, a counseling model with many educational features is likely to be perceived as more credible for Chinese clients (Williams et al., 2006). Second, because mental health services are often stigmatized in Chinese society (Williams et al., 2006), reframing the service as a training program may reduce such anxiety, therefore increasing the accessibility of the therapy.

**Challenges**

Despite much promise, directly importing CBT into Chinese culture still faces many challenges (Lin, 2002; Shen et al., 2006). The core principles and operational guidelines of CBT are developed based on the Western individualistic world view. It promotes the individual’s autonomy and ability to change. It also emphasizes the individual’s need for self-development. However, such a value may not be relevant in the Chinese collectivistic culture, where the needs of community are placed before the needs of the individual and the individual’s locus of control is often externalized. Thus, many practitioners have agreed that CBT still needs to be modified in order to be culturally responsive for Chinese clients (Lin, 2002; Shen et al., 2006; Williams et al., 2006; Wong, 2008). In the following section, the authors will explore some of the challenges that CBT faces with respect to cultural adaptation.

**Culturally defined core beliefs**

One of the major goals of CBT is to identify maladaptive core beliefs and potentially replace them with more balanced alternative beliefs (Joseph, 2011; Padesky & Greenberger, 1995; Wilding, 2012; Wills, 2010). For instance, for someone with an anxiety issue, the assumption is that the anxious feeling is likely to be mediated by maladaptive beliefs such as “I cannot do anything right. I am useless.” Therefore, the CB therapist often helps the client to recognize that such a belief is unrealistic, irrational, or unhelpful (Joseph, 2011). Subsequently, to resolve the anxiety issue, the therapist works with the client to construct more adaptive beliefs such as “I can do things right if I work for it. And even if I do something wrong from time to time, it does not mean that I am a useless person.” Under the Western cultural reference, beliefs such as “Anger is bad,” “I must take care of others before myself,” and “If I say no, I am a selfish person” place unrealistic demands on the individual. As a consequence, they may generate anxiety or depression and therefore are perceived to be dysfunctional. However, for Chinese clients they are fundamental collectivistic values. They are, in a way, the core of their cultural identity. Some researchers (Chen & Davenport, 2005; Shen et al., 2006) have suggested that challenging these beliefs prematurely may result in identity crisis and further anxiety. Many clients may even perceive it as a betrayal of their cultural heritage or a corruption by Western values (Shen et al., 2006). The potential of rupturing the therapeutic relationship is quite high in this case.
Instead, it is suggested that the therapist try to work with the client to find more flexible versions of these culturally rooted beliefs.

**Homework compliance**

As mentioned earlier, because of the cultural emphasis on education Chinese clients may generally appreciate the educational elements and the use of homework in CBT (Shen et al., 2006; Williams et al., 2006). However, in reality, researchers have observed a lower rate of homework compliance among this group (Shen et al., 2006). They either refused or failed to complete assigned homework. There were several possible reasons offered to explain this paradox (Shen et al., 2006). These reasons are outlined below in turn.

1. Culturally, Chinese clients hold experts and authority figures in high regard (Wu et al., 2002). In a therapeutic relationship, Chinese clients may prefer to see the therapist as the teacher. They trust the professional knowledge and advice of the therapist. However, they may also perceive the expertise of the therapist to be sufficient for the treatment. Therefore, they may find any self-help type of task such as homework to be redundant.

2. Chinese culture places great value on achievement, particularly academic achievement. Individuals are often under tremendous pressure to perform positively. In addition, as members of the collective community, it is very important for Chinese people to seek approval from others, particularly from those who are perceived to be authority figures. Under such circumstances, any mandatory assignment may provoke unnecessary anxiety, especially for clients who are already feeling overly anxious. With respect to CBT homework, Chinese clients may be under the impression that their results are evaluated and judged by their therapist. Thus, to avoid the potential shame associated with failure or poor performance, they may refuse to engage in doing homework all together.

3. Finally, some forms of the CBT homework, such as the thoughts diary, require clients to identify and record their feelings and thoughts. However, this may be a difficult task as Chinese culture emphasizes achieving well-being through self-discipline and emotional restraint (Williams et al., 2006). Chinese clients may be uncomfortable or unable to access and describe their internal processes. Practitioners have found evidence that Chinese clients generally favor behavioral tasks over cognitive tasks (Shen et al., 2006; Williams et al., 2006).

This low compliance rate does not mean that homework is not suitable for Chinese clients. In fact, many Chinese clients express that they fully recognize the usefulness of homework (Shen et al., 2006). However, it does suggest that therapists need to reconsider the way in which they approach homework for it to be utilized most effectively.

**Lost in translation**

The issue of cross-cultural communication is experienced by most therapeutic models, including CBT. As the primary delivery system of most psychological treatments, language plays a central role in the effectiveness of CBT interventions. Although the solution and task-focused approach of CBT result in it being less affected by cultural linguistic differences, much of the terminology that is used to describe behaviors and cognitions is still based on the Anglo-Saxon languages. Therefore, they are deeply rooted in the Euro-American cultural context. Thus, it is easy for a non-Chinese or even a Chinese therapist trained under the conventional CBT model to misinterpret the client. The issue of inappropriate assessment among culturally diverse clients, such as Chinese people, is well documented and can lead to serious consequences (Hays & Iwamasa, 2010; Shen et al., 2006). Furthermore, it should also be noted that Chinese clients may also misunderstand the psychological terms used by the therapists.

In their recent article Ng et al. (2008) discussed an example of such cultural misunderstanding in psychological assessment and treatment. As one of the most common diagnostic terms, the meaning of “depression” is relatively well-defined in Western psychology. Furthermore, definitions are quite consistent between the professional and colloquial terms. When discussed in treatment, it is often easily understood and communicated. However, the matter becomes more complicated when the client is culturally Chinese. The term depression is officially translated into Mandarin Chinese as youyu 忧郁. Recent research using word association and semantic differential analysis (Ng et al., 2008) has identified that depression and youyu are two distinctive emotional concepts. Youyu is more closely related to the experience of stagnation, which is closer to the sense of being stuck. It describes only one aspect of depression; therefore, its complete diagnostic meaning is lost here.

Although the differences in translation can sometimes be seen as subtle, they impact on the therapist’s ability to assess the needs and issues of the client. Without a comprehensive understanding of the matter in hand, it is difficult to construct
an appropriate formulation. In addition, language issues may also influence the client’s ability to comprehend the intention and instruction of the therapist. Therefore, the treatment might be less effective. Further, the communication barrier may prevent the establishment of a positive therapeutic alliance. Thus, the therapy may become artificial and ineffective.

**Therapeutic alliance**

Another major challenge that CBT faces with respect to cultural adaptation is to establish a positive therapeutic alliance. Therapeutic alliance has been identified as one of the primary common factors of any effective psychological intervention (Horvath, Del Re, Fluckiger, & Symonds, 2011). For CBT, it is commonly surmised that a positive therapeutic alliance must be established before any intervention can take place (Wills, 2010). The exploration of negative automatic thoughts and core beliefs can be a frightening process for clients and making changes to them can be even more challenging. Therefore, it requires a tremendous amount of trust between the client and the therapist. Without a strong therapeutic alliance, it will be difficult for the intervention to have positive influence.

It could be argued that the importance of the therapeutic alliance is even more significant with Chinese clients. Due to the strong stigma associated with mental health issues, Chinese clients are likely to perceive going to therapy as negative or shameful (Williams et al., 2006). Therefore, they may need even more emotional support and encouragement to engage in therapy. Alternatively, Chinese society is highly community orientated. As in many collective societies, group cohesion is key to maintaining the appropriate social structure. Further, on a micro level, group cohesion can be reduced to interpersonal relationships. Unlike in many individualistic cultures, where the person’s own interest is emphasized, in these collective societies the interpersonal relation is the foundation of the community. In Chinese culture, this relationship, also known as guanxi 关系, is an essential concept for any social interaction. Thus, in the therapeutic process, the establishment of guanxi often needs to take place before any positive effect can occur. However, as discussed previously, some issues regarding cultural differences, such as language and shared values, often prevent the development of positive therapeutic alliances (Gelso & Mohr, 2001). In one study, researchers compared the development of therapeutic alliances between Caucasian and ethnic minority participants who were undergoing CBT treatment (Walling, Suvak, Howard, Taft, & Murphy, 2012). The results showed that while Caucasian participants reported significant increases in alliance scores, ethnic minority clients were unchanged.

Therefore, in order for CBT to be effective with Chinese clients, therapists have to pay particular attention to the development of the therapeutic relationship. Particularly, the therapist must become aware of the cultural differences in social values, language, and communication styles. More points of development for CBT, with respect to meeting the needs of Chinese culture, will be discussed in the following sections.

**Moving forward**

As discussed above, CBT presents both opportunities and challenges with respect to being adapted to the Chinese cultural context. Encouragingly, most of its apparent challenges are related to the practical features rather than the fundamental principles of the therapeutic model. Thus, it would appear that CBT can be modified to meet the needs and preferences of Chinese clients without compromising its defining characteristics.

Several models for research and implementation have been proposed to facilitate multicultural adaptation. Among them, the Model for Effective Development and Translation of Science into Practice (MEDTSP; National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, 2001) and the Stage Model of Behavioral Changes (SMBT; Rounsaville, Carroll, & Onken, 2001) are two of the most popular (Nicolas et al., 2009). To fully acknowledge the complexity of intervention adaptation, the MEDTSP includes six fundamental features: (a) underpinning research and theory, (b) refining and adapting the intervention, (c) efficacy testing, (d) transferring and translation, (e) identifying the effectiveness, and (f) incorporating social, economic, and cultural elements. Similarly, the SMBT proposes three stages of adaptation: (a) identifying potential candidates, (b) efficacy study, and (c) effectively transporting the treatment model. Both of these models emphasize identification of the theoretical and practical potential of the target therapeutic model, as well as appropriate modification of the model.

Specifically for CBT, based on the identified challenges noted above, several suggestions for modification are offered to meet the cultural needs and preferences of Chinese clients (Lin, 2002; Shen et al., 2006; Williams et al., 2006). These are as follows.
1. Conventional CBT often focuses on using the client’s personal/internal motivation to facilitate change. However, because Chinese clients often perceive an external locus of control (Yip, 2005), these individuals may believe that their ability to control a situation is partially removed from them and placed in the larger community or even predetermined destiny. In this case, the therapist could consider using community resources and family responsibilities to facilitate and support change.

2. Even though Chinese clients are capable and willing to discuss their thoughts and feelings in therapy (Chen & Davenport, 2005), research has suggested that they are often reluctant to do so out of fear of being judged or feeling embarrassed (Shen et al., 2006; Williams et al., 2006). Therapists are therefore advised to be cautious when directly exploring such topics. Some practitioners have even suggested taking advantage of the perceived cultural preference for task-focused approaches by using the initial stage of the therapy for primarily behavioral work and psycho-education (Williams et al., 2006). Cognitive tasks might then be introduced subsequently when the therapeutic alliance is well established.

3. As discussed earlier, Chinese clients might be less likely to complete homework tasks due to their cultural heightened fear of failure (Shen et al., 2006). Thus, it may be helpful to present homework as an experiment for better understanding of the self rather than as a task to be completed. It may also be useful to remind the clients that the homework is a strategy to be more efficient with time. It allows the therapy to progress faster with the clients doing some of the work between sessions.

4. Finally, some of the core beliefs that Chinese clients hold are culturally relevant. They are deeply rooted in their collective identities as members of the community. Directly challenging them without caution may result in further anxiety. However, if these beliefs are identified to be maladaptive they should not be left without discussion. In such a situation, rather than altering them completely, the therapist could consider encouraging the client to take an open stance to questioning the absoluteness of these beliefs.

**Conclusion**

Before this discussion is concluded, it is important to point out that it is not the intention of this paper to imply that Chinese clients all belong to a homogenous population and propose a single therapeutic model to meet all their needs and preferences. Indeed, as with any client group, those who identify as Chinese comprise extremely diverse and complex social groups. However, because of their similar historical and cultural heritage, it can be argued that there is a consistent pattern that can represent the characteristics of the majority of the members of these groups and inform the work of psychologists. As a point of discussion, the current article rests on this epistemological stance.

In addition, Chinese culture has over 5,000 years of history. During its development it has been influenced by many philosophical and religious traditions, such as Confucianism, Taoism, and Buddhism. In the present article, the discussions were developed mainly around the Confucian elements and their influences in the adaptation of CBT. This does not by any means reject the therapeutic and psychological significance of other cultural elements. However, the Confucian elements were included based on their relevance to the particular subject of this article.

During the past decade the inadequacy of the Western reductionistic approach has been recognized within the therapeutic community with respect to explaining the full range of human experiences. Thus, a trend for incorporating Eastern philosophies and practices with Western therapeutic approaches, as for example the growth of Mindfulness practices in therapy, is becoming increasingly commonplace. Many models have been developed based on such premises, such as Acceptance and Commitment Therapy, and their cultural responsiveness has been evidenced through recent research (Woidneck, Pratt, Gundy, Nelson, & Twohig, 2012). This indicates the potential for more extensive and comprehensive therapeutic adaptations, which include for instance an attempt by practitioners in China to develop a practical model that combines Taoist doctrines with the practices of CBT, and which has shown positive clinical effectiveness in initial evaluations (Y. Zhang et al., 2002). While further exploration of such specific cultural adaptations is indeed worthwhile, it is not the focus of the current contribution and must be left for attention in a future study.

An additional topic worth exploration is the question of the core irrational beliefs in Chinese culture that may cause anxiety or depression, and how these differ from the core irrational beliefs in Western culture. Interesting as this matter may be, the purpose of the current paper is to discuss the adaptation of CBT, rather than exploring such differences, so we leave that topic as well to further study.
In conclusion, this article explored the promises and the challenges of CBT with respect to meeting the cultural needs and preferences of Chinese clients. Many of its features, such as being commonly directive and task-focused, match well with commonly perceived Chinese cultural references. At the same time, because the approach has been developed based on Western individualistic cultural assumptions, some practices of CBT need to be modified for cultural responsiveness. Although more culturally responsive CBT models are being developed, as suggested by the MEDTSP (National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, 2001) and the SMBT (Rounsaville et al., 2001), these new interventions need to be continuously assessed in practice for efficacy and effectiveness.

References


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