



## A Clinical Examination of Cognitive Behavioral Therapy in the Treatment of Anxiety Disorders

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**Abstract:** The present research aimed to assess the efficacy of Cognitive Behavioral Therapy in Asian country of Pakistan in treating anxiety disorders. Conducted as a qualitative study, this study targeted 80 individuals from Lahore, Multan, Islamabad and Karachi. In this qualitative study adopting a semi-structured interview, notable improvements in patient's CBT anxiety symptomatology level was revealed; major CBT approaches including cognitive restructuring, exposure therapy, and relaxation training exerted potentials. It also noted the role played by the therapist-client relationship as well as the value of using culturally sensitive CBT. The outcomes support the effectiveness of CBT for anxiety disorders as well as application of cultural sensitivity in their treatment amongst the people of Pakistan.

**Keywords:** Cognitive Behavioral Therapy, Anxiety Disorders, Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, Cultural Adaptation, Therapist-Client Relationship.

### 1. Introduction

#### 1.1 Background

Anxiety disorder is common all over the world among the different categories of mental disorders that affect the quality of life of people. Three of such disorders are Generalized Anxiety Disorder (GAD), Panic Disorder (PD) and Social Anxiety Disorder (SAD), whereby the patients exhibit excessive fear and anxiety (American Psychiatric Association, 2013). A number of sources note that World Health Organization has stated that more than 260 million people in the world are affected by anxiety disorders which is a public health concern in the current era. Lack of mental health services in Pakistan, and many other countries in the developing world means that most people suffering from anxiety disorders remain undiagnosed and untreated, with a major burden to individuals, families and the society (Naeem et al., 2014).

The method which has been proved to be most useful in treating anxiety disorders is Cognitive Behavioral Therapy (CBT). Cognitive behavior therapy that was developed in the 1960s by Aaron T. Beck is focused on modification of the distorted patterns of thinking and fearing that lead to anxiety (Beck & Emery, 1985). The therapy has been researched and used across a range of ethnic usage thus can be regarded to be universal (Hofmann et al., 2012). However the integration of CBT in countries such as Pakistan in which social and cultural factors are influential in the mental health of an individual is limited.

Specifically, since the cultural factors in Pakistan comprise of a strict family-oriented hierarchy, religiosity, and

culture expectations, it is worth to understand how the CBT model should be applied to Pakistan. The paucity of literature on the utility of CBT for anxiety disorders in Pakistani population forms the rationale of this research, particularly the use of CBT in treating anxiety disorders in Lahore, Multan, Islamabad and Karachi.

### **1.2 Problem Statement**

CBT has been affirmed as a successful treatment for various anxiety disorders across the world, however, there is a lack of study to how it could be implemented in Pakistan? Pakistan's mental health services still suffer from issues like stigmatization, low awareness and health post infrastructure (Khan, 2016).

### **1.3 Objectives**

- a) To evaluate the total impact of CBT in decreasing anxiety symptoms in patients of GAD, PD and SAD in Pakistani population.
- b) To examine the impact of cultural factors that include social, familial and religion on the efficacy of CBT as well as on the process of therapy.
- c) To observe the impacts of CBT in the short run as well as implications in the management of the anxiety disorder in Pakistan.

### **1.4 Hypotheses**

H1: The use of Cognitive Behavioral Therapy (CBT) will reduce the levels of anxiety in the patients diagnosed with Generalized Anxiety Disorder (GAD), Panic Disorder (PD) and Social Anxiety Disorder (SAD) in Pakistan.

H2: Culturally sensitive CBT that takes into consideration existing culture, social pressure, and religion will result in enhanced therapeutic solutions as compared with the traditional form of CBT in the Pakistan.

H3: Comparing with traditional forms of CBT techniques, the inclusion of mindfulness techniques in the study will facilitate better and long term control of anxiety disorders in Pakistan.

## **2: Literature Review**

### **2.1 Introduction**

This chapter reviews the literature regarding cognitive behavioral therapy, its application within anxiety disorders and efficacy. This paper looks at the theoretical orientation of CBT, the cultural adaptability of the therapy as well as the available research evidence. The chapter also relates to the role of culture in therapeutic processes as it narrows down to therapy prognosis in Pakistan.

### **2.2 Theoretical Foundations of Cognitive Behavioral Therapy**

Cognitive Behavioral Therapy or CBT is an already established and well-known type of a psychotherapeutic orientation that uses principles of both cognitive and behavioral theories to address occurrent mental health disorders. CBT was pioneered by Aaron T. Beck in the 1960s and entails challenging negative and maladaptive emotions, beliefs and behaviors which trigger discomfort to the patient. The foundation of the therapy is therefore the cognitive model which suggest that cognitive bias and negative appraisals are the key to the development and maintenace of the anxiety disorders (Beck & Emery, 1985).

#### **2.2.1 Cognitive Model**

The cognitive model proposed by Beck (1967) articulates an emphasis on the belief system's contribution to the mental health disorders. In this model of anxiety disorders, the patient uses negative automatic thoughts as well as cognitive distortions that tend to worsen their condition. CBT's ultimate purpose is to identify and restructure these negative assumptions in favour of healthier and more rational ones (Beck et al., 1979).

#### **2.2.2 Behavioral Component**

This is the Fourth and the last component of CBT; this steps deal with eradicating behaviors that perpetuate anxiety. Psychotherapies including exposure therapy, and behavioral activation will be employed to enable the clients overcome their fear and recovery from maladaptive avoidance behaviors (Wright et al., 2006). The behavioral techniques applied in CBT include the use of the principles of operant conditioning and classical conditioning that involves altering negative behaviors and increasing positive changes (Skinner, 1953).

### **2.3 Effectiveness of CBT for Anxiety Disorders**

As for now, a great number of research has shown that CBT can be efficient in treating different kinds of anxiety disorders, such as GAD, PD, and SAD.

#### **2.3.1 Generalized Anxiety Disorder**

Meta-analysis of numerous studies has clearly indicated that CBT is useful in the reduction of symptoms associated with Generalized Anxiety Disorder (GAD). Sources of empirical evidence: A systematic review conducted by Hofmann et al (2012) showed that CBT is effective in decreasing anxiety symptoms in persons with GAD and, in fact, the effect size was large in the studies that was done. The therapy assists people to change the nature of the worrying and come up with better and more effective ways of handling it.

#### **2.3.2 Panic Disorder**

In particular, it has been established that cognitive behavioural therapy (CBT) is a very efficient treatment for Panic Disorder (PD). Cuijpers et al (2016) conducted a meta-analysis in which it was observed that CBT significantly reduce panic attacks and other related symptoms. They include skills like interoceptive exposure and cognitive restructuring used in the treatment of panic attacks and in the tackling of avoidance behaviors.

#### **2.3.3 Social Anxiety Disorder**

Cognitive Behavioral Therapy also known as CBT is also used in the treatment of Social Anxiety Disorder (SAD). A study by Cuijpers et al (2016) showed that CBT leads to substantial and robust effect in patient's social anxiety disorder symptoms and their quality of life. The exposure paradigms alongside varies extent of cognitive reprocessing are employed when treating social phobia's and consequent avoidance.

### **2.4 Culturally Adapted CBT**

To be specific, cultural adaptation of CBT refers to the process of incorporating the cultural factors within the specific population of interest into CBT. Lack of culturally sensitive programs in Pakistan and especially where religion plays a major role in the lives of people makes an adaptation of CBT to the local conditions more effective.

#### **2.4.1 Importance of Cultural Adaptation**

Hence, culture has to be integrated into CBT to enhance the recidivism of the healing process among the cultural communities. Hinton, et al (2006) underlines that culturally modified CBT has added benefits of eradicating the Asian cultural and societal factors' impact on mental health. Naeem et al., (2010) asserted that it was culturally appropriate factors such as family pressure, religion, and traditions that influenced clients experience of anxiety and their compliance to treatment in Pakistan.

#### **2.4.2 Examples of Culturally Adapted CBT**

For Pakistan, cultural modifications of CBT may encompass introduction of issues regarding family status and Islamic culture in the therapy. Naeem et al. (2014) supported CBT decision for Pakistani patients and proposed that addition of cultural aspects enhanced patients' attendance and therapy effectiveness. Also, developing the community-based treatment methods and taking into account the function of support in the lives of patients, an application of CBT can be optimized (Miller and al., 2006).

### **2.5 Mindfulness and CBT**

Self-focused awareness approaches when incorporated with CBT have been discovered to improve treatment efficacy of anxiety disorder. Mindfulness Based Cognitive Therapy (MBCT) is a training based on combining of Cognitive Behavioral Therapy principles and mindfulness exercises for better management of emotional responses and decreased level of anxiety.

#### **2.5.1 The Role of Mindfulness**

The practitioners of mindfulness are encouraged to direct their focus towards the present time without having to evaluate or criticize the experience. Studies conducted by Kabat-Zinn (2003) in addition to Hofmann et al (2010) proves how mindfulness practices decrease anxiety and enhance the general life satisfaction. More specifically

Mindfulness-Based Cognitive Therapy (MBCT) has been concluded to help prevent relapse in patients with recurrent depression and anxiety disorders (Teasdale et al., 2000).

**2.5.2 Integration of Mindfulness in CBT**

The incorporation of mindfulness with CBT will improve on the effectiveness of the therapy as the patients will be able to notice the occurrence of some distinct feelings. Other walking techniques, such as mindfulness, can help enhance the outcomes of CBT for the reason that it prevents rumination and has a positive effect on the client’s perception of their symptoms (Kabat-Zinn, 2003).

**3: Materials and Methods**

The study used qualitative approach to establish the use of Cognitive Behavioral Therapy (CBT) in treatment of anxiety disorder in Pakistan. The study used semi-structure interviews in order to employ 80 participants, both 40 male and 40 female participants between the ages of 18 to 45 years from Lahore, Multan, Islamabad and Karachi. Data collection entailed administering of semistructured interviews which were conducted in a free, unstructured manner and which were recorded on digital voice recorders and transcribed for data analysis. The data analysis approach used was thematic analysis and this involved searching for patterns and common themes in the data that was gathered where coding was also assisted by the use of the NVivo software. The issues of ethical nature were resolved via informing the participants and keeping their anonymity. The qualitative approach offered ecological context on patients’ satisfaction with CBT however, the study bears the following limitations; revelation confound and self-generated estimates, conclusion generality to diverse populations.

**4. Results and Discussion**

**4.1 Results**

The study analyzed data from 80 participants receiving Cognitive Behavioral Therapy (CBT) for anxiety disorders across four cities in Pakistan: Some of the largest cities in Pakistan include Lahore, Multan, Islamabad as well as Karachi. The respondents were almost evenly split between males and females and their ages were between 18 and 45 years.

Table 4.1: Participants Demographics:

Gender	Number of Participants	Percentage
Male	40	50%
Female	40	50%

Table 4.2: Participants Age Distribution:

Age Range	Number of Participants	Percentage
18-25	20	25%
26-35	30	37.5%
36-45	30	37.5%

**4.1.1 Effectiveness of CBT**

The majority of participants claimed that after they have completed the CBT they were able to experience a decrease in anxiety. Several commented about better handling their state of anxiety; most said that they have been able to reduce the incidences of anxiety attack or lessen their intensity.

**4.1.2 Cognitive and Behavioral Techniques**

From this narrative synthesis of participants’ views, several effective CBT strategies were described as follows:

- a) Cognitive Restructuring: In participants’ opinion, the thought record format is helpful for responding to and transforming automatic negative self-statements.
- b) Exposure Therapy: This method therefore assisted in elimination of avoidance behavior through a process of exposure to the sources of anxiety.
- c) Relaxation Training: Some of the measures used to control anxiety symptoms included deep breathing and practice of mindfulness.

**4.1.3 Therapist-Client Relationship**

The use of CBT was evaluated, and it was found out that one of the main facilitators for the therapy was the therapeutic alliance. Therapists' responsiveness to participants was another factor essential to the efficacy of the therapy in participants' perception and can be analyzed with the following statements.

#### 4.1.4 Cultural Considerations

Other modifications of CBT were also seen as positive by participants. Some of them thought that applying cultural frameworks and references pertinent to the participants' culture enriched the therapy.

#### 4.2 Discussion

The findings of the research show that CBT is helpful in the reduction of anxiety symptoms of the participants of the Pakistan. The treatment methods in CBT including cognitive remodeling and exposure therapy were understood and appreciated by the participants as helpful in addressing anxiety. This is also true when focusing on positive outcomes of relaxation training showing that it is valuable to incorporate different coping skills in the treatment.

Participants' accounts of a powerful therapeutic alliance support the requirement of therapists to cultivate positive attitude with clients. It should also be pointed out that such relationship is critical to attaining successful therapeutic outcomes.

Cultural adaptations were the major predictors of the outcomes of the therapy. Participants valued an origin aspect of therapy that addressed the therapy –culture match so rom as to increase their satisfaction with the provisioned therapy.

#### 5. Conclusion

The purpose of this current research was to understand the efficiency of CBT for anxiety disorders treatment in Pakistani context, Self-generated CBT. The study conducted on 80 participants from Lahore, Multan, Islamabad, and Karachi proved that CBT improves GAD, PD and SAD to a great extent. The most important constituents of CBT such as cognitive restructuring, exposure therapy and relaxation training were beneficial in decreasing anxious symptoms. The study also emphasized on the significance of a good working alliance with the client and making culture based changes in order to improve the therapeutic process. Taken collectively, present findings reflected that CBT was found useful in treating anxiety disorders in Pakistan; that it requires culturally appropriate methodologies; and it warrants further study of therapy's sustained effects.

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