

From West to East: Addressing Cultural Differences in Pain Management Programmes

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Cognitive-behavioral therapy (CBT) is a first-line psychosocial treatment for individuals with chronic pain. CBT not only reduces pain, disability and depressive symptoms but also improves psychological well-being. CBT is based on Western concepts and models. Implementation of CBT into different culture, from Western to Eastern countries, have to pay more attention and modify therapeutic framework and practice. East and West may have various differences based on culture and education. Therapists need to integrate their understanding regarding to ethnic, culture and religious context. For CBT, clients and therapists have to develop mutual collaboration. CBT uses reasoning approaches but this is not consistent with some Eastern Philosophies. Differences in background culture and previous learning experiences between Western and Eastern culture could create obstacles in the cognitive and behaviour changing process, if the new explanation does not fit in with previous culture models. However, there were some evidence supported benefits of CBT for chronic pain in Asian countries. One from Malaysia and one from Thailand. Both Malaysian and Thai studies aimed to review the result of group-based, CBT for chronic pain patients. The results were consistent with those found in previous studies from Western countries. It appeared possible that self-management program as group CBT may offer benefits in terms of improved pain self-efficacy and decrease in depression and anxiety symptoms in Eastern patients with chronic pain. However, RCT of CBT for specific culture and ethnic groups is still in need.