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Atefeh Fathi

University of Innsbruck, Innsbruck, Austria, atefeh.fathi@student.uibk.ac.at

Walter Renner

University of Innsbruck, Innsbruck, Austria

Barbara Juen

University of Innsbruck, Innsbruck, Austria

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Effectiveness of Group Interventions for Depressed Iranian Migrants in Austria

Atefeh Fathi

(atefeh.fathi@student.uibk.ac.at)

Walter Renner, Barbara Juen

University of Innsbruck, Innsbruck, Austria

Abstract

Effectiveness of Group based Cognitive Behavioral Therapy was investigated in a sample of 23 Iranian migrants living in Austria for an average 14 years and suffering from Major Depressive Disorder. The participants were randomized to: (1) individual CBT, (2) group based CBT and (3) wait-list control groups. Although the results showed a significant decrease in depression symptoms, no significant group differences were observed. The findings from this study suggest that the effectiveness of group based CBT may be influenced by Iranian socio-cultural characteristics.

Introduction

Immigration is a global phenomenon; it implies, since the immigrants may confront with several menaces to their socio-cultural identity, being involved in the process of acculturation (Berry, 2005). It is important to mention that immigrants take part in the process of acculturation in different ways, which can be a set of cultural behavioral changes, such as a way of speaking, dressing styles, and eating habits or may be more problematic, resulting in acculturative stress (Sam & Berry, 2006) usually displayed by some mental disorders such as depression, anxiety, and in some cases psychosis (Renner & Berry, 2011). Several studies have suggested that some considerable factors may result in successful acculturation. These factors include the chosen acculturation strategies by migrants (Berry, 2005), immigrants' perception of hassles (Safdar & Lewis, 2007; Safdar, Struthers & Oudenhoven, 2009), demographic specifications of immigrants, such as duration of residency in the new country and level of education (Zlobina, Basabe, Paez & Furnham, 2006), and migrant's cultural competency (Ward & Kennedy, 1993a). According to Berry's model of acculturation, there are two main factors in estimating the type of acculturation: retention of the heritage culture and attainment of the new one. These factors result in four acculturation strategies: integration (retention of one's heritage culture as well as attainment of the new one), separation (retention of the heritage culture but not attainment of the new one), assimilation (abandonment of one's heritage culture and adoption of the new one), and marginalization (the loss of one's heritage culture while failing to adapt to the new one) (Berry, 2005). Considering Berry's acculturation theory, Iranian migrants in Austria might be categorized as an assimilated group more than other ones. The research carried out by Moghaddam, Taylor,

and Lalonde (1987) revealed that the history of Iranian immigration is too short. The post-revolutionary patriarchal rules constituted another factor which convinced many western oriented, well-educated and economically well-heeled Iranians (especially women), to immigrate permanently to the West (Pliskin, 1987). Although historically, Iranian culture has been distinguished by its procollectivist feature, a majority of the Iranian migrants in this study had left their own cultural characteristics and adapted with a new one easily. However, the situation did not remain pleasant for some of them and they started isolating from both Austrian and Iranian cultures. Berry *et al.*, (1987a) showed that the cultural marginalization is significantly related to depressive symptoms and it is expected to be relevant to psychological disorders and psychosomatic problems. Taking into consideration the Iranians' collectivistic nature of culture, depression or other psychological problems may be brought about by feeling isolated and marginalized. Therefore the Group based interventions such as group based Cognitive-Behavioral Therapy may encourage the Iranian migrants to be more in contact with people from their own culture.

Overview of the Present study

The purpose of the present study is to evaluate the effect of Group based Cognitive Behavioral Therapy on Iranian migrants with Major Depressive Disorder in Austria. The findings of this study emphasize the effects of group based interventions in treatment of migrants with depression and can also be considered an impetus for continued research on the main reasons for depression among migrants.

1.2.1. Hypotheses

1. Group based Cognitive Behavioral Therapy and individual Cognitive Behavioral Therapy in experimental group and waiting-list control group would be significantly effective.

2. The outcome of Group based Cognitive Behavioral Therapy would differ significantly from the outcome of individual Cognitive Behavioral Therapy.

3. The Group based Cognitive Behavioral Therapy in experimental group would be significantly more effective than a Group based Cognitive Behavioral Therapy in waiting-list control group.

Method

Participants

The participants of the present study were 8 male and 15 female Iranian immigrants of the first generation in Austria who met Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for Major Depressive Disorder. They had been settled in Austria for a duration of 14 years (average). ($SD = 4.77$; range: 6–25 years). All of the participants were Austrian citizens. On average, they had 15.4 years of schooling ($SD = 2.23$; range: 12 to 19). The participants were aged between 30 and

60, with a mean age of 40.4 years ($SD = 5.62$) (For measurement periods see Figure 1, which also shows the final time plan).

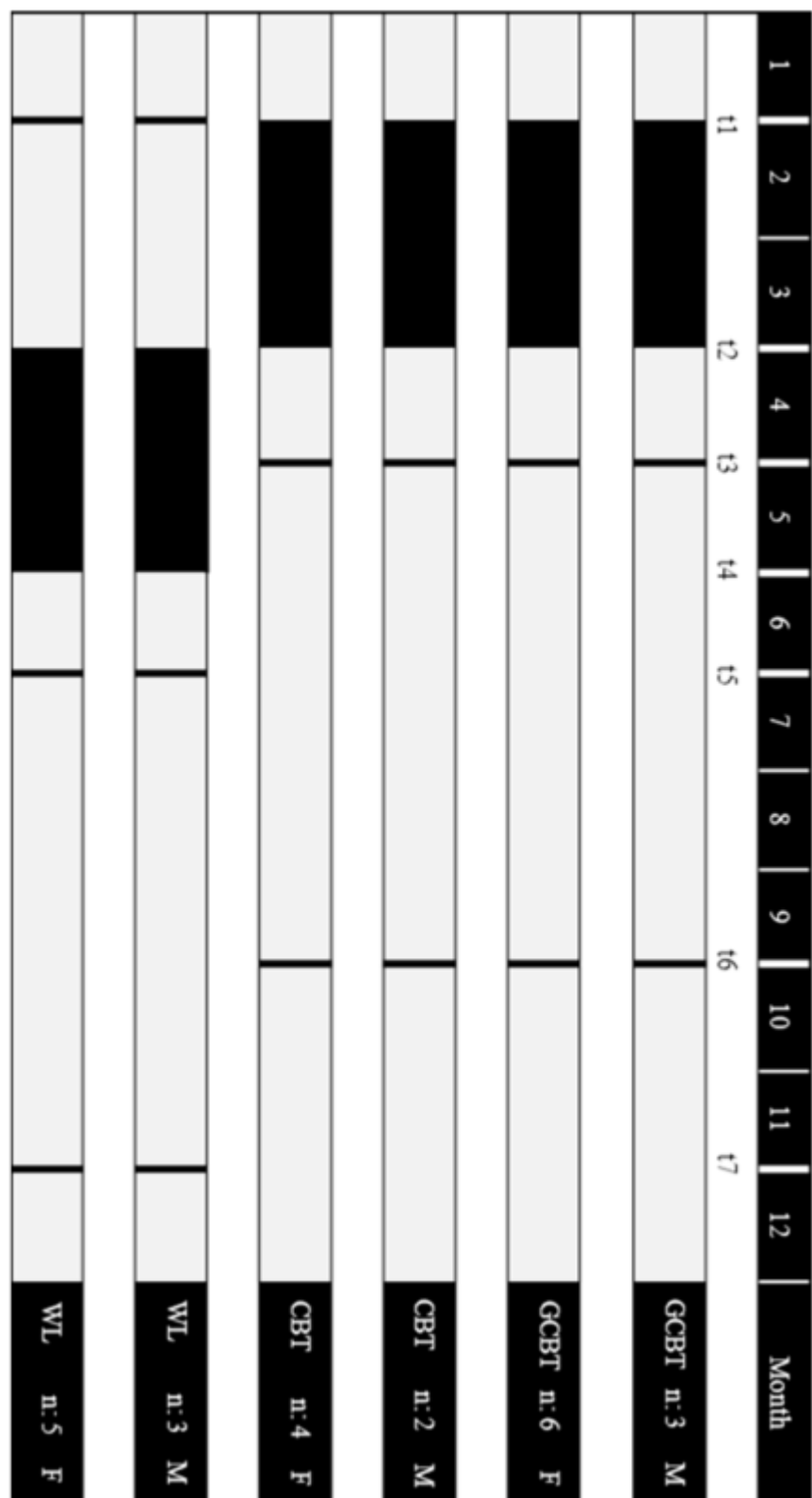


Figure 1

Final time plan with final group sizes, duration of interventions, and measurement periods.

Materials

All the scales in this study have been translated into Farsi and normalized in Iran before.

Demographic data

General background information, such as gender, age, marital status, occupation in Iran and in Austria, education, and date of arrival in Austria, were obtained from the interviews at the beginning of study.

Quantitative data

Beck Scale for Suicidal Ideation. Was used to distinguish and exclude depressed people with suicidal ideas (BSSI; Beck & Steer, 1991) ($r = 0.87$; $\alpha = 0.95$).

Depression Anxiety Stress Scale. Was used to distinguish and exclude depressed people with Generalized Anxiety Disorder (GAD) (DASS-21; Lovibond & Lovibond, 1993) ($r = 0.72$; total scales, $\alpha = 0.91$; Anxiety, $\alpha = 0.88$; Depression, $\alpha = 0.92$; and Stress, $\alpha = 0.82$).

Scale 4 (depression) of Brief Symptom Inventory. Was used to assess the symptoms

of depression (BSI; Derogatis, 1994) (Depression ($\alpha = 0.87$; $r = 0.84$)).

Beck Depression Inventory. Was used to measure the intensity of depression (BDI-II; Beck, Steer & Brown, 1996) ($\alpha = 0.87$; $r = 0.73$). Only people with mild or moderate depression were included.

Qualitative data

Was based on the summaries of clinical interviews with group-members (based on Farsi version of Structured Clinical Interview for DSM-IV (for MDD, $\alpha = 0.89$; $r = 0.52$). In order to obtain more information from the participant, they were allowed to talk about their childhood and teenage years, reasons for emigration, life-style, and psychosocial situations, openly.

Procedure

The majority of the participants were introduced by other participants. The participants were randomized into three groups: (1) Individual Cognitive Behavioral Therapy (CBT), (2) Group based Cognitive Behavioral therapy (GCBT) and (3) wait-list control condition. All three groups were administered in two groups of male and female in order to make the participants more comfortable. All three types of interventions were composed of 17 sessions lasting 60 minutes for individual CBT and 120 minutes for GCBT and took place at the Iranian psychiatrist practice in Vienna.

Statistical analysis

Quantitative analysis

The Paired Sample T-test was used to examine the effectiveness of interventions. The One-Way Analysis of Variance (ANOVA) was applied to compare three groups. The Independent Sample T-test was employed to examine and compare the outcome of the group based CBT with the individual Cognitive Behavioral Therapy. The One-way Repeated Measures ANOVA was used to calculate the Follow-up measurements for all three groups.

Qualitative analysis

The GABEK method (GAnzheitliche BEwältigung von Komplexität; Holistic Processing of Linguistic Complexity; Zelger, 1991) was used to analyze the qualitative data. GABEK is a comprehensive method for qualitative social studies and enables the connection and use of resources for planning and evaluating the measures.

Results

Quantitative results

The effects of interventions

A significant reduction in depression scores between t1 and t2 (pre- & post-test) means that the interventions were significantly effective (GCBT: BSI, scale 4: (t1: $M = 2.27$, $SD = .29$; t2: $M = 1.95$, $SD = .13$), $t(8) = 4.27$, $p = .003$, $d = .83$; BDI: (t1: $M =$

21.56 , $SD = 2.3$; t_2 : $M = 19.22$, $SD = 2.11$), $t(8) = 2.86$, $p = .021$, $d = .71$; CBT: BSI, scale 4: (t_1 : $M = 2.22$, $SD = .32$; t_2 : $M = 1.9$, $SD = .10$), $t(5) = 2.54$, $p = .052$, $d = .75$; BDI: (t_1 : $M = 21.5$, $SD = 2.9$; t_2 : $M = 18.83$, $SD = 2.5$), $t(5) = 3.73$, $p = .021$, $d = .86$).

Intervention groups as compared to WL at t_2

The One-way between subjects ANOVA revealed the significant difference among GCBT, CBT and WL groups at t_2 (BSI, scale 4: (GCBT: $M = 1.95$, $SD = .13$; CBT: $M = 1.87$, $SD = .10$; WL: $M = 2.21$, $SD = .16$), $F(2, 22) = 12.06$, $p < .001$; BDI: (GCBT: $M = 18.89$, $SD = 1.83$; CBT: $M = 18.17$, $SD = 1.94$; WL: $M = 21.5$, $SD = 2.45$), $F(2, 22) = 5.22$, $p = .015$). Post-hoc analyses using Tukey's HSD indicated that the mean score for the WL control condition at t_2 was significantly different from the GCBT (BSI, scale 4: $p = .002$; BDI: $p = .046$) and CBT (BSI, scale 4: $p < .001$; BDI: $p = .021$) groups. These results suggest that the GCBT and CBT interventions were significantly effective for Iranian migrants with depression.

Group based CBT as compared to individual CBT

No significant difference between GCBT and individual CBT at t_2 (post-test) was acquired (BSI, scale 4: (GCBT: $M = 1.95$, $SD = .13$; CBT: $M = 1.87$, $SD = .10$), $t(13) = 1.3$, $p = .215$; BDI: (GCBT: $M = 18.89$, $SD = 1.83$; CBT: $M = 18.16$, $SD = 1.94$), $t(13) = .73$, $p = .478$).

Follow-up measurements

According to One-way Repeated Measures ANOVA test, there was a significant deterioration with respect to BSI, scale 4: (GCBT: $F(1, 8) = 13.96$, $p = .006$, $\eta_{p^2} = .636$); BDI-II: (GCBT: $F(1, 8) = 11.17$, $p = .010$, $\eta_{p^2} = .583$; CBT: $F(1, 5) = 7.5$, $p = .041$, $\eta_{p^2} = .600$). Post-hoc analyses using Bonferroni test indicated that the mean score for the GCBT group at t_2 (post-test) (BDI-II: $M = 19.22$, $SD = 2.11$; BSI: $M = 1.95$, $SD = 13$) was significantly different from the mean score at t_6 (six-month follow up) (BDI-II: $M = 20.44$, $SD = 2.13$; $p = .033$; BSI: $M = 2.16$, $SD = .22$; $p = .047$). The mean score for CBT group at t_2 (post-test) (BDI-II: $M = 18.83$, $SD = 2.48$; ATQ: $M = 39.15$, $SD = 6.59$; BSI: $M = 1.95$, $SD = 13$) was significantly different from the mean score at t_6 (six-month follow up) (BDI-II: $M = 21.33$, $SD = 2.73$; BSI, scale 4: $M = 2.16$, $SD = .22$) (BDI: $p = .040$; BSI, scale 4: $p = .047$). These results suggest that the effectiveness of all those short-term interventions was not persistent.

Qualitative results

As it was mentioned before, in order to analyze the qualitative data, the GABEK method was applied.

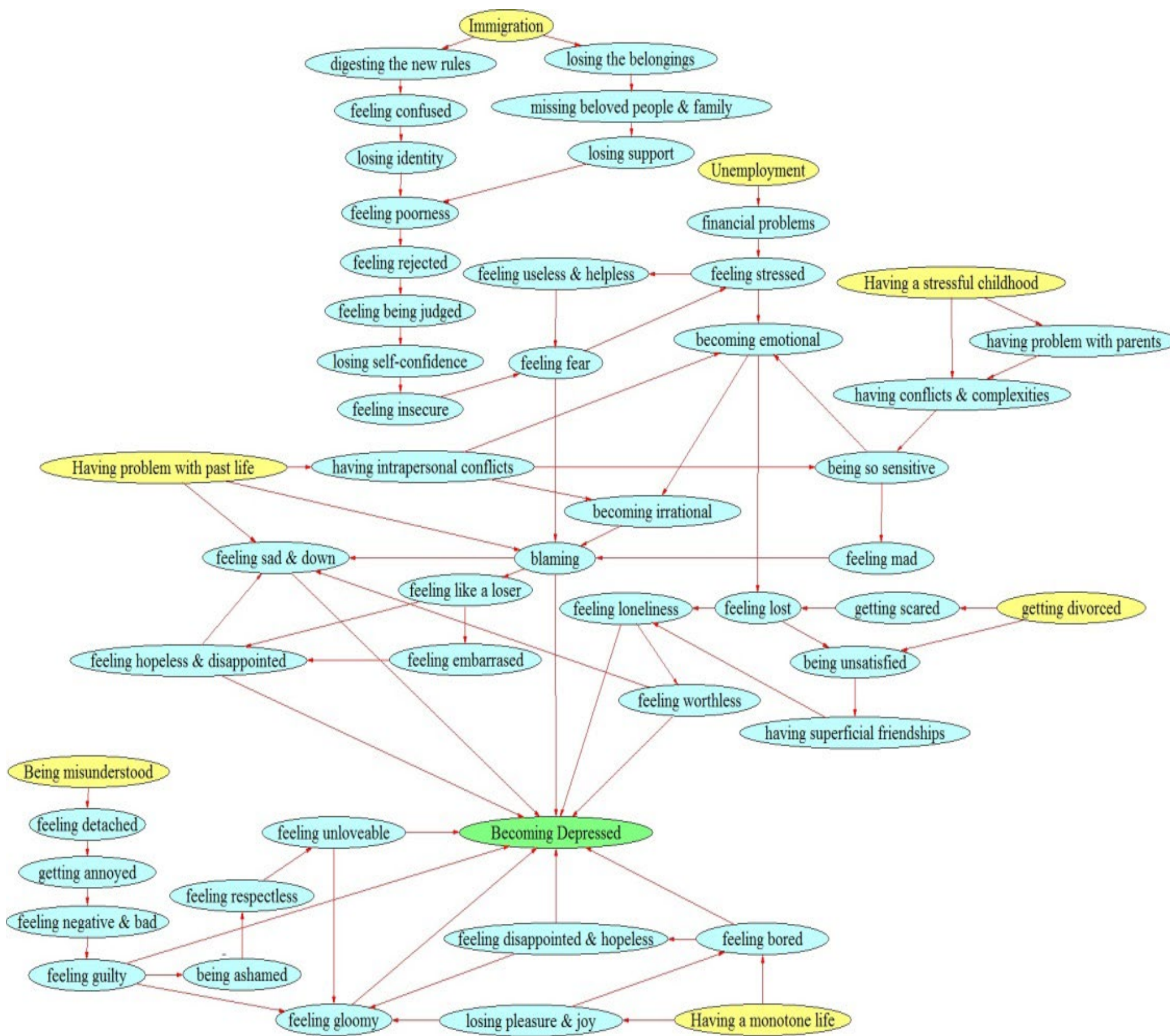


Figure 2

The main primitive reasons behind depression are shown in yellow color and the negative processes are shown in blue color.

According to the acquired results in figure 2, some principal factors such as immigration, unemployment, getting divorced, having a monotone life, being misunderstood, having a stressful childhood, and having problems with past life, were the main reasons behind the Iranian migrant’s depression. On the other hand, by experiencing such feelings, they became more sensitive and vulnerable to some stressful and negative events through the immigration process.

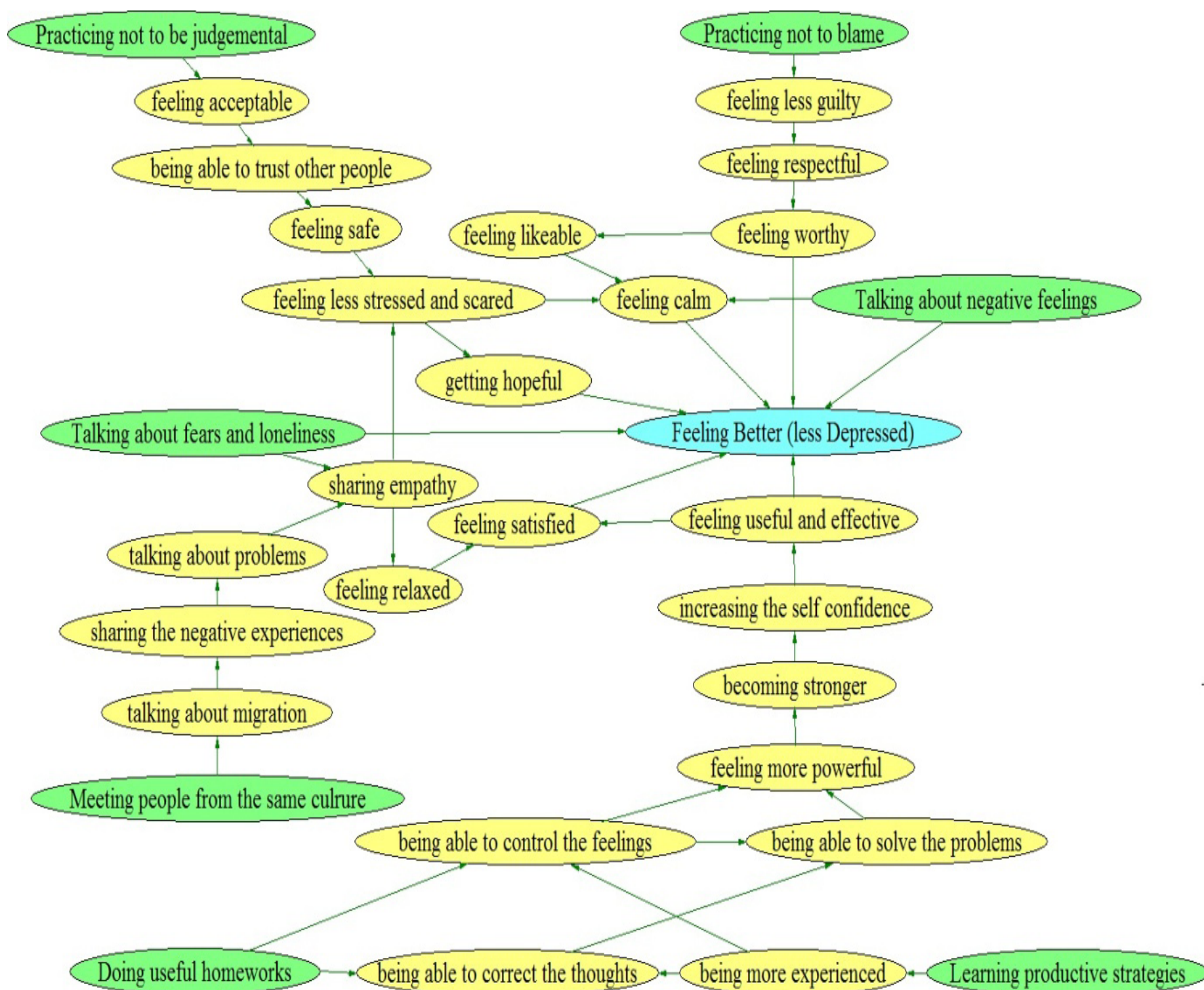


Figure 3

The main primitive reasons behind effectiveness of GCBT are shown in green color and the positive processes are shown in yellow colors.

As can be seen in figure 3, the obtained information from the interviews after group based CBT revealed that some major factors such as talking about negative feelings, talking about fears and loneliness, meeting people from the same culture, practicing not to be judgemental, practicing not to blame, learning some productive strategies, were the principal rationales that led the participants to become less depressed by getting them involved into some positive processes of thinking and reacting, such as feeling satisfied, relaxed, safe and less scared, likeable, and worthy.

Discussion

The main aim of the present study is to evaluate the effectiveness of Group based Cognitive Behavioral Therapy for Iranian migrants with Major Depressive Disorder in Austria. The individual and group based CBT groups demonstrated that both individual and group interventions significantly reduced depressive symptoms when compared to the waiting list control group. However, they were not found to be superior to the delayed GCBT for waiting list control groups in reducing clinical symptoms in Iranian migrants in one- and six-month follow-up. To the best of our knowledge, no research study has been accomplished on comparing the effectiveness of these two approaches on Iranian migrants with Major Depressive Disorder. Although both the individual and group based CBT, had a significant effect on depression, non-significant differences between them were observed, which is consistent with the study of Khodayarifard, Shokoo-

hi-Yekta and Hamot (2010). The study showed that both individual and group based CBT were effective in reducing psychological depressive symptoms, although the impact of group therapy was stronger than individual CBT for Iranians in their home country. Whereas a considerable number of participants had dropped out, qualitative assessments of those who completed the study not only explained the main reasons behind Iranian migrants' depression as well as the effectiveness of group based CBT, but also highlighted the cultural characteristics of Iranians that made the effectiveness of the group based CBT stronger. Although depressed Iranian migrants in this study had become marginalized, some of the evidence obtained from the interviews, such as leaving the Iranian cultural characteristics completely, getting married to Austrians, and speaking mostly in German, indicated that they might have been assimilated before their problems. According to the GABEK' results, meeting people from the same culture, practicing not to be judgmental, talking about fears and loneliness, practicing not to blame, talking about negative feelings were the main reasons that helped the participants become less depressed. It is important to mention that feeling supported, calm, peaceful, safe and satisfied were the most common experiences for the participants after group based CBT, which may confirm that they tended to be more integrated after interventions. Consequently, feeling accepted by people from their heritage culture and being able to trust them again, could result in a sense of belonging to a specific group that helped them be more flexible and comfortable. Therefore, it is important to connect Iranian migrants to the Iranian guided self-help groups and communities. These results are important because they suggest that group-based therapy for migrants can be more effective if they are firstly intra-racial/ethnic based and secondly if the socio-cultural and personal situation of group members are accepted and not being judged by other members. However, in the present study, the depressive symptoms' reduction did not remain significantly in follow-up measurements which indicates that they needed longer-term treatment and intervention. As such, this generic tendency may be considered encouraging because it offers the potential for Iranian migrants with depression to anticipate feelings of trust and acceptance as they approach group communication. Although, the participants expected to feel less trust and acceptance in interactions with the members of their ethnic group, most of them tended to choose integration as their acculturation attitude after group based CBT.

References

- Beck, A. T., & Steer, R. A. (1991). *Manual for the Beck Scale for Suicide Ideation*. San Antonio, TX: Psychological Corporation.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck Depression Inventory: Second edition manual*. San Antonio, TX: Psychological Corporation.
- Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations*, 29, 697–712.
- Derogatis, L. R. (1994). *Symptom Checklist-90-R: Administration, scoring, and procedures manual (3rd Ed.)*.

- Minneapolis, MN: National Computer Systems.
- Hollon, S. D., & Kendall, P. C. (1980). Cognitive self-statements in depression: Development of an automatic thoughts questionnaire. *Cognitive theory and research*, 4, 383-395.
- Khodayarifard, M., Shokoohi-Yekta, M., & Hamot, G. E. (2010). Effects of individual and group cognitive-behavioral therapy for male prisoners in Iran. *International Journal of Offender Therapy and Comparative Criminology*, 54, 743-755
- Lovibond, S. H., & Lovibond, P. F. (1993). *Manual for the Depression Anxiety Stress Scales (DASS)*. Psychology Foundation: University of New South Wales, Australia.
- Pliskin, K. L. (1987). *Silent Boundaries: Cultural Constraints on Sickness and Diagnosis of Iranians in Israel*. New Haven, CT: Yale University Press.
- Renner, W., & Berry, J. W. (2011). The ineffectiveness of group interventions for female Turkish migrants with recurrent depression. *Journal of Social behavior and personality*, 39, 1217-1234.
- Safdar, S., & Lewis, J. R. (2007). Experience and impact of acculturation specific hassles and general hassles among Iranians living in America, Britain, and the Netherlands. *Journal of Iranian Psychologists*, 4, 91-108.
- Safdar, S., Struthers, W., & van Oudenhoven, P. J. (2009). Acculturation of Iranians in the United States, the United Kingdom, and the Netherlands: A test of multidimensional individual difference acculturation model. *Journal of Cross-Cultural Psychology*, 40, 468-491.
- Sam, D., & Berry, J. W. (Eds.). (2006). *Cambridge handbook of acculturation psychology*. Cambridge: Cambridge University Press.
- Ward, C., & Kennedy, A. (1993a). Psychological and sociocultural adjustment during cross-cultural transitions: A comparison of secondary students overseas and at home. *International Journal of Psychology*, 28, 129-147.
- Zelger, J. (1991). A Holistic Method of Mastering Complexity. In H.E. Klein (Eds.), *Managing Change with Cases, Simulations, Games and other Interactive Methods* (pp. 255-267). Boston: WACRA-World Association for Case Methods Research and Application.
- Zlobina, A., Basabe, N., Paez, D., & Furnham, A. (2006). Sociocultural adjustment of immigrants: Universal and group-specific predictors. *International Journal of Intercultural Relations*, 30, 195-211.

