



EVALUATION OF PSYCHOTHERAPY PRACTICE IN PAKISTAN - A QUALITATIVE EXPLORATION

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Abstract

The aim of the study was to investigate the ways in which psychotherapeutic interventions are being practiced in Pakistan currently. Other purposes of the study were to inquire about the outcome measures being used in the interventions and which measures are helpful to provide better results. Also in focus were the cultural barriers faced by the therapists and the clients during the interventions. For this purpose, five known psychologists were selected from two cities of the country, Lahore and Karachi. The study involved in depth structured interviews with the psychologists who helped shed light on the important aspects of therapy practice in Pakistan. The data was analyzed with the help of coding method of Grounded theory. The results highlighted the features of psychotherapeutic interventions in the country such as the effective ways of a therapy, forms of outcome measures and much more. The study revealed that personality of a therapist and client plus the therapeutic alliance helps to provide better results, both formal and informal assessments are used but informal assessments are better for Pakistan. Many cultural barriers are faced by the therapists such as joint family systems, stigmatization of psychological treatment and so on. The study also helped uncover some religious forms of interventions being used in the country and their efficacy. Also in addition the study compared the therapeutic practice of Pakistan with therapy practice abroad revealing that psychotherapeutic interventions in this country still require major work, training and supervision and that it cannot be internationally compared.

Keywords

Psychotherapy in Pakistan, Cultural Barriers in Psychotherapy, Stigmatization of psychological treatment, Client Therapist Alliance

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1. Introduction

As C. G. Jung states "The principle aim of psychotherapy is not to transport one to an impossible state of happiness, but to help (the client) acquire steadfastness and patience in the face of suffering." Psychotherapy is a practice used to aid and guide individuals suffering from mental and emotional difficulties. It is used to provide personality change and symptom relief to the client, helps reduce symptomatic episodes for future, improve adaptive functioning in various areas, improving life quality, ability to make healthy life choices and bring about an adequate behavioral change. (American Psychological Association, 2016). A verity of mental problems such as depression, anxiety, grief, trauma, low self-esteem etc can be treated using various tools of psychotherapy such as CBT, REBT and more.

Not many studies have been conducted on subject of psychotherapeutic practices in Pakistan. Thus, this study aims to provide an insight about the primary mental health care in the country. According to a research individuals suffering from psychological problems in the rural areas of Punjab, Pakistan sought healthcare from five different types of health care professional and most of these mental healthcare providers only had very basic understanding of the treatment. The patients reported that general practitioners were more effective (56%) than any other (20%) (Mujtaba, Chaudary & Jenkins, 2006). Due to cultural influences individuals believed it to be more appropriate to visit hakims, homeopathic doctors and spiritual healers in regards to cure a mental disorder. The researchers were of the view that mental health professionals need to standardize their practice. They need a proper system to ensure standardization of mental health care especially regarding psychotherapies. Over the past few decades mental health issues in Pakistan such as those mentioned above are increasing at a rapid rate and unfortunately neither the mental health care system is adequate enough, nor does the country have enough qualified mental health professionals. Pakistani citizens have been and are still facing a number of psychologically distressing incidents such as natural disasters leading to homelessness and family loss, violence and terrorism in large metropolitan cities like Karachi, domestic abuse in women and other than that, Pakistan has also provided shelters to over 5 million

refugees in the past three decades (Sohail, Syed, & Rahman, 2017). Thus the need to have an adequate mental health care system and to provide proper psychotherapy treatments has only increased and there is still a major need of improvement in this area.

1.1 Outcome Measures

A number of studies have found that the proper use of outcome measures can help identify the patients at risk of failure of treatment or for the purpose of treatment improvement. Outcome measures are used to rate the changes found in the client over a period of several therapy sessions. The use of standardized tests and tools early in the beginning of case provides a baseline for the client's mental health, giving means to measure the change in the client's function or progress (Von Bredow, 2017). With the use of outcome measures, the psychotherapist can decide the course of treatment and patient themselves can monitor their progress (Nordal, 2012). Not many researches have been conducted on the type of assessment tools or outcome measures that are being used in Pakistan.

1.2 Therapeutic Alliance

Therapeutic alliance or mostly know as client-therapist relation is said to be one of the most significant part of any psychotherapeutic intervention. It is the relationship between a mental health professional and a client which is non-transfereential (Ardito & Rabellino, 2011). A meta-analysis on individual therapy and outcome suggests that the therapy outcome depends on the therapeutic alliance or, in other words, the relation between the client and therapist and who rates the outcome (Horvath, A. O., Del Re, Flückiger, & Symonds, 2011). The personality of a therapist plays a major role in the progress and outcome of the therapy. Building a rapport with the client is the initial and vital step towards the success of any psychotherapy. If the client fails to feel comfortable and understood by the therapist, the chances of failure of treatment increase. Due to various social norms and cultural norms, both men and women in Pakistan are suggested to remain mute regarding any psychological issue or other problems such as domestic, physical or sexual violence (Sethna, Masood, & Jahangir, 2018). This norm is found in much culture oriented countries. The fear of its impact on the family's name or the

individual's character forces the victims to remain silent. Thus they also do not feel comfortable while sharing it with the therapist as well and as a result developing an affective client-therapist relationship becomes quite challenging.

1.3 Gaps in Practice/Need for Improvement

Shortage of psychological health professionals in Pakistan is major setback in the mental health sector of the country. In addition to the lack of psychologist, there are also deficiency of properly trained professionals that are well equipped to adequately deal with mental illness and its impact (Shah, 2017). Although there are many clinical psychology post graduate training programs currently running in the country, but majority of these institutions focus on teaching and research rather than practical implementation on field (Khalily, 2011). But with the new era and need for more clinically trained psychologists to deal with the increasing mental health issues, as mentioned earlier, some institutions are now focusing on clinical placements on the field. Only 60 psychologists, out of the registered 300, were practicing back in 2002 in Pakistan (Murray, 2002). However more work still needs to be done as the number of trained professionals still do not match the increasing population of the country. Adequate training programs in the mental health sector can bring about remarkable improvement in psychological health care in regards to both treatment and diagnosis (Chisholm et al., 2000).

1.4 Cultural Barriers

When the languages, customs, norms, traditions, beliefs and familial patterns of any country become obstacles and hurdles to the individuals achieving goals and dreams, they become cultural barriers. This study also sheds light on the cultural barriers that are faced by the therapist and the clients, and the impact that these cultural limitations have on the efficacy of the psychotherapeutic intervention. Many cultures have explicit taboos about their confidentiality and relationship and people do not share their personal problems due to the fear of being judged, misunderstood or being ridiculed. Lack of awareness and education is one of the major sources of such belief system regarding mental health issues and their treatment. (Naeem, Ayub, Kingdon, & Gobbi,

2012). One of the most common misconceptions regarding mental illness is the psychological issues being cause by demonic possessions. These culturally rooted beliefs can be tracked back down to the ancient time when the only possible answer of a mental illness was the possession of the patient by an evil spirit. Another stigma with mental health professional is the characterization of a patient as crazy or a mad individual (Shannon, Wieling, Simmelink-McCleary, & Becher, 2015). Due to these social and cultural issues, many individuals refuse to seek treatment or families opt out of treatment for their mentally ill family members.

A study by Ahmad, Driver, McNally & Stewart (2009) reported the reasons why immigrant women of South Asian countries delayed visiting mental health professionals to seek help regarding partner abuse. Twenty one women participated in the research and stated that social stigmas, expected silence, marriage obligations, rigid gender roles, loss of social support and limited knowledge about resources for treatment are the reasons these women see a health professional as a last resort. Pakistan also faces all these challenges in regards to psychological treatment. Thus, it is important to increase awareness regarding these social and cultural stigmas for the improvement of the mental health care system. In addition, there are also certain misconceptions regarding the availability of treatment options for various psychological disorders and other day to day issues (Choudhry, Mani, Ming, & Khan, 2016). With the help of current study, awareness regarding mental health and its treatment can be spread and the misconceptions can be dispelled.

1.5 Indigenous Approaches

Meditation is the use of techniques such as focus or mindfulness to achieve inner peacem emotional stability and increase attention and awareness (Walsh & Shapiro, 2006). Religious meditation or spiritual intervention is the act of remembering the God almighty for inner peace and content. "Dhikr" is the Islamic form of meditation which is the constant recitation of Allah's name, Hadith and Quranic verse. It is a form of prayer in which one remembers Allah either internally or overtly. Psychotherapy uses religious meditation as spiritual intervention that can either be used individually or with other forms of psychological therapies to enhance the

progress of a client. Where some psychologists are of the view that only scientific psychological interventions work best for the benefit of any therapy, others believe that religious meditation or spiritual interventions work as catalyst to any therapy for better outcome results and progress of the patient.

A research conducted in 1997 with the help of many co relational studies concluded that meditation is a spiritual intervention or tool which can be utilized to enhance the outcome of psychotherapeutic interventions, also to increase the therapist's mental well-being and bring to surface the conflicts of the client and resolve them. Suryani (2013) worked with chronically mentally ill Indonesian Muslim patients who experienced dispelling voices. He took 24 participants and did in depth interviews. The findings revealed that the participants found a peaceful path and ways of living with the dispelled voices by doing 'Salat' or 'Dhikr' every time they used to hear the voices. The study also concluded that the presence of the dispelling voices should be considered because of the religion and cultural background of the individual.

1.6 Research Questions

1. (a) Which therapy techniques are being used in Pakistan?
(b) Is effectiveness and outcome assessed?
(c) How is effectiveness of the therapy assessed?
2. What are the cultural barriers to seeking psychological consultation?
3. Are the training programs in Pakistan adequate?
4. What changes and additions to existing psychological services are suggested by professionals?
5. What are similarities and differences in professional practice in Pakistan and abroad?

2. Methodology

2.1 Research Design

A qualitative approach was used to explore the boundaries of psychotherapeutic interventions being practiced in Pakistan with the help of grounded theory.

2.2 Sample

Five known psychologists from different fields and clinical and personal settings were selected from Lahore and Karachi. Non-probability

purposive sampling was used to select the participants. No gender or age criteria were set.

2.3 Instruments

In depth structured interviews were taken from psychologists for the purpose of gaining information about the way psychotherapies are being practiced in Pakistan. Structured interviews in qualitative studies are used for the purpose of compare/contrast of the participant's responses to answer the research questions (Lindlof & Taylor, 2002).

2.4 Procedure

Verbal informed consent was taken from the psychologists who are to be interviewed. Meetings were arranged with the participants. They were asked a series of structured questions that were to assess the psychotherapeutic practice in Pakistan. They were informed about the aim of the study and that their answers will be used for research purpose only. The interviews were recorded for later assessment.

2.5 Analysis:

The data collected from the interviews was analyzed with the help of Grounded Theory. The responses for each participant were coded and were added in a table for extra ease. After the coding, categories were made which was then further divided down into subcategories. Figures and tables were drawn to depict results.

3. Results

The data collected was for the aim of finding out the practices of psychotherapeutic interventions in Pakistan. With the help of the structured interview and grounded theory, the data was transcribed and monitored carefully. Similar themes were divided into certain categories, which were then further divided into subcategories which are visible in Table 1. According to the participant's responses on the particular types of approaches they preferred to use in their every practice in clinical or personal settings revealed that Cognitive Behavior Therapy (CBT) is the most widely used and preferred choice of therapy and provides better results. After CBT, Rational Emotive Behavior Therapy (REBT) and Behavior Therapy (BT) are the second choice of majority therapist, followed by Gestalt Therapy, DBT and others (Figure 1).

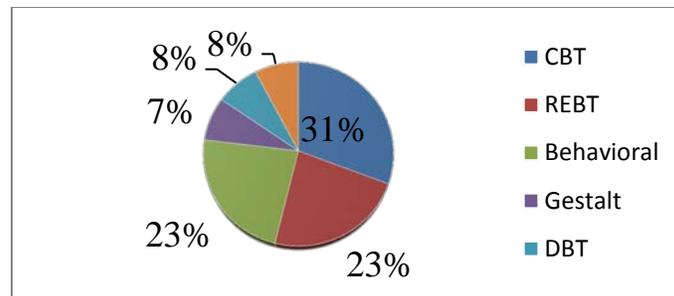


Figure 1: Psychotherapeutic Approaches used in Pakistan

Table 1: Main categories and Sub-categories derived from the study

Main categories	Sub-categories
Approaches	Behavioral, CBT, REBT, Gestalt, Humanistic, Freudian, Emotional focused, Psychodynamic, religious meditation
Training	Sensitivity training for doctors & psychologists required, trained clinicians should teach psychotherapies, therapists not well equipped, no demonstrations, lack of trained family therapists
Supervision	Use peer supervision in case discussion, no case is left unsupervised (private organization), lack of supervision in institutions in Pakistan (government facilities),
Clients	All types of clients, uneducated, lower, middle, elite class, personality disorders, drug addicts, suicidal, phobic, anger problems, couples (divorced, separated), lower class believes in medication only (no therapy), elite class has already been to countless other therapists, CBT works well with educated clients.
Stigmatization	Clients come at the last moment, are taught to no to undermine themselves in public, are not allowed to talk about their feelings openly, going to a psychologist or psychiatrist is a disgrace to the family
Referral	Student's, patients, ex-patients, colleagues, hospitals, psychiatrists.
Therapy effectiveness	Therapist: Personality, must be empathetic, capacity to relate, offer oneself to others Client: Quality of resilience , receptivity, motivation and willingness to engage, self-contact, self-acceptance, taking responsibility , ability to respond, commitment to therapy, Client-therapist relation, chronicity, compliance, knowing the extent of damage, recovery periods, family support, co morbidity
Outcome measures	Self-report, clinical formulation based on presenting complaints, baseline chart, intellectual and personality assessment, BDI, severity scales, rating scales, MSE, projective techniques, Bio-psychosocial assessment
Assessment in Pakistan	Formal assessment in hospitals is compromised, informal works better here, both formal and informal are equally beneficial
Homework	Represents commitment to therapy but not all clients do it , clients in Pakistan do more than clients abroad, it bridges gap between sessions, most work is done in sessions
Cultural barriers	Different sub cultures in Pakistan, lack of family support, joint family system, women are discouraged and are thought to be lesser than men, male dominated society, forced to live in unsuccessful marriage, women psychologists unable to work with male clients who are conservative, clients do not mention at home they are visiting psychologist
Colleagues	Involvement of colleagues, case discussions with colleagues who are trustworthy , give another angle to the case, look at the case from a different perspective,
Feedback	Feedback from patient is important, gives hi idea of self-growth, family involvement, they inform about the progress at home and school, also how they are with the patient
Failure of proper outcome in therapy Pakistan vs. Abroad	Change the therapy, client's motivation, refer to other therapists Lack of supervision in Pakistan, in schools abroad teachers are interested in child's home activities, cultural differences due to lack of joint family system abroad, different training methods, lack of ethical boundaries in Pakistan, psychiatrist in Pakistan believe in medication only, and mostly psychologists in Pakistan know only CBT or REBT, not versatile enough

Table 2: Demographic Profile of Respondents

Interviewees	Gender	Qualification	Specialization	Years of experience	
				Pakistan	Abroad
AA	Male	PHD	CBT, Narrative Therapy, Solution focused Therapy, Schema Therapy, learning disabilities.	7 years	7 years
MS	Female	MSFT	Marriage & Family Therapy	3 years	2 years
TZ	Male	Diploma in Counseling & Psychotherapy	Counseling & Psychotherapy	8 years	None
IB	Female	PHD	REBT, Behavior Therapy, Gestalt Therapy, CBT, Hypnosis	27 years	None
DA	Female	PHD	Clinical Psychology	28 years	None

Various aspects were also highlighted in the results which are later on elaborated in the next chapter. These aspects (Figure 2) reflect on the

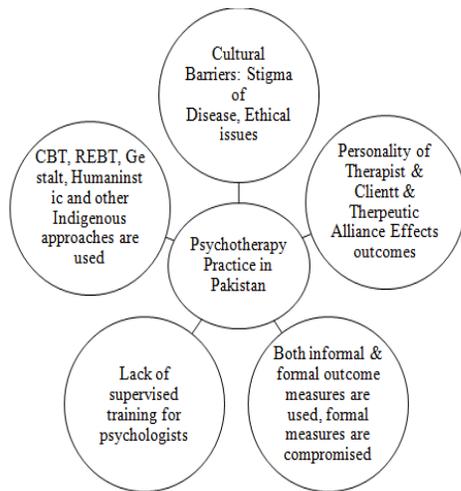


Figure 2: Aspects of Psychotherapy Practice in Pakistan

4. Discussion

Psychotherapists in Pakistan use various kinds of approaches in hospital and private clinical settings to treat their clients. This study revealed a variety of psychotherapeutic interventions

various themes that emitted during the current research.

being applied on different types of mental illnesses. According to Figure 3, the most commonly used psychotherapeutic technique is Cognitive Behavior Therapy (CBT). Four out of five of the interviewees claimed to use this method one way or the other, solely or in combination with another technique, on different clients.

“One of the basic approaches I use is ‘mindfulness’, which is a part of CBT. Mindfulness is a way of living, to do something with excellence and with absolute devotion.”

Due to the practicality, simplicity and application to a vast range of psychological issues, behavioral approaches are most effective forms of intervention in Pakistan. Behavior Therapy and CBT have been very useful in a variety of psychological problems such as reduction of anxiety in infertile couples, low confidence and anxiety, and also with handicapped children.

Cognitive Behavior Therapy (CBT) is also a secondary choice for an intervention to some psychologists.

“We begin by engaging with everyone via behavioral approaches, if that fails we move to

smaller units that may be just siblings, just couple or mother or father etc. basically shrinking down the organization and then employing meaning based approaches which is CBT like ICBT.”

According to the experts interviewed, Behavior Therapy and Rational Emotive Behavior Therapy (REBT) are the second most used psychotherapeutic technique in Pakistan.

4.1 Experience in Pakistan: Stigma of visiting a psychologist

“Going to a therapist regularly is a good practice that keeps your mind healthy and focused. However, societal pressures work against therapy in Pakistan, as older generations have this complex that asking for a therapist’s help is a defeatist attitude.” (Sibtian, 2013)

The above quote explains the stigma that is attached to the word ‘therapy’ and ‘psychologist’ in Pakistan. The main issue with some classes of people in Pakistan is that they visit the psychologist as a very last resort. When all other home remedies and all visits to the famed ‘*peer fakirs*’ fail, the family finally considers taking the patient to a psychologist/doctor.

A place where some people consider going to a therapist or a counselor as a part of everyday norm and better mental health condition in Pakistan, another stigma (also considered a cultural barrier which will be discussed later in this chapter) is that visiting a psychologist is considered a permanent black mark on the family’s name, resulting in all the relatives and friends out casting the individual and their family for the rest of their lives. This issue mainly occurs with the female of the family in less educated families.

“The main issue in Pakistan is that the lower class families believe that if their daughters visit a therapist, even for little issues like anxiety or depression, they will be thought of as mentally abnormal and incompetent for marriage and no possible suitor would ever ask for her hand.”

According to a CBT specialist, clients in Pakistan have already been to several other doctors, psychiatrists and “*peer fakirs*”, all of whom tell them a whole lot of different things to do and different exercises to apply that till the client reaches these experts, their heads are

already full of so much mess that it becomes more difficult to treat.

4.2 Personality of the Therapist affects the therapy

Majority of the experts claim that one of the most common reasons of the success of any therapeutic intervention depends on the type of a personality the therapist has. One of the many factors affecting the success of any therapy includes the therapist owning a personality that the clients feel comfortable with. A therapist must be empathetic and reliable. The personality of a therapist plays an important role in producing the desirable outcomes of any therapeutic intervention.

“I believe the personality of the therapist helps more than anything else. The therapist is empathic and generally more nurturing that is why women tend to be much better therapist than men as they are more empathetic.”

The participants of the study are also of the view that the qualities of a therapist play a major role in making any therapy successful.

4.3 Therapeutic Alliance/Client-therapist relation

As mentioned earlier, one of the factors affecting any psychotherapeutic intervention and resulting in its success is the personality of a therapist. Another major justification of any successful psychological intervention would be the therapeutic alliance, commonly known as the ‘client-therapist relation’.

Participants of this study are of the same view that if a therapy works out well and produces desired results and even if the outcome does not turn out to be as expected, client-therapist relation plays a major role in both the areas. It is of crucial importance that the client connects with the therapist.

“The other thing is a good fit between the client and the therapist. Some people come in and want a good structure. And if I don’t provide better results than I am not fit for that client.”

4.4 The Client

A psychotherapeutic intervention is not a failure or a success only due to the personality, ability and skills of a therapist. It can also be because of

numerous other reasons one of which is the client himself. A detailed analysis of the interviews of the experts revealed that the client's personality, his motivation and many other aspects also play a part in an effective therapy.

"Receptivity which is the ability of psychological sophistication to receive what is being offered."

A client's ability to be receptive and let the therapist in his views and perception is of major significance for the success of an intervention. One of the stigmas attached to the client's willingness to engage in conversation about his problem and issues is that in Pakistan the society and home teaches the individuals not to talk about their complications with another soul (also a part of cultural barriers).

"I think ego defenses are the reason because people over here are actively taught not to undermine themselves publically, not to talk about their problems publically."

Talking about individual differences, the interviewees claimed that every client they have worked with have their individuality and differences and are very unique from one another. These qualities are a part of the interventions and aid in its outcome.

One of the experts indicating about psychotherapy in Pakistan suggested that people here are more into blame games then to accept their own faults.

"The problem in Pakistan is that people are used to blaming others for their own problems. They need to self accept themselves and take responsibility of their own issues. This will lead to self contact which means I can look at myself good or bad things without judging them and once you do that you reach a place of deep self contact and once you reach the healing begins."

4.5 Outcome Measures

The therapists in Lahore claimed using both formal and informal measures to quantify the progress of the psychotherapeutic interventions that they apply. The therapists prefer beginning any session with a client using a formal measure or scale and later own using informal methods in combination with formal ones to keep track of the client's advancement in therapy.

Formal measures like Beck Depression Inventory (BDI) and House Tree Person (HTP) are stated as quick tools or quick ways of interpreting the client's situation at the beginning of the therapy. The experts suggest using these as they are less time consuming then the detailed assessments like MMPI as they are careful not to scare away the client before the therapy even begins. Projective techniques such as House Tree Person (HTP) give a view of the client's inner perception and give the therapist an agenda to talk about.

Although the participants suggest using formal methods more than informal, some state that informal measures are of much greater use in Pakistan in comparison to the institutions in other countries.

"In Pakistan people come for something else and then it unfolds into another so it is better to use informal assessment."

According to a leading therapist, government mental institutions and organizations in Pakistan are not well equipped for formal testing. They do not have the necessary psychometric tests for assessment and neither do they have trained individuals who can apply and monitor them.

"Formal testing facilities in hospitals are much compromised".

4.6 Feedback

Earlier, client's feedback i.e. self-report was given strong enough value for the purpose of measuring the progress of any therapeutic intervention. The experts were asked about the biasness of such feedback. They claimed that a client can try to be biased and forge wrong answers in the assessments if he is not willing to continue with the therapy but that is where the feedback from the family and friends come in use to provide a better judgment of the client's condition.

Family feedback on the client's progress is of crucial importance as they give a view of the client outside the therapy room.

"I begin with the patient but it is also important to involve the family in the assessment as they give I picture of what is going on at home and school as well. Opinion of family and friends is important."

Some experts are of the view that a client can be biased but then again there are ways of ruling

out whether or not the client is telling the truth or is committed to the therapy. The family therapist suggests asking the patients repeatedly to give a self report after every couple of sessions so the client himself can get the idea of where he stands. According to the family therapist, every problem that the client faces is not solely his own problem but the problem of every other individual in the family.

As discussed earlier, sometimes when people in Pakistan visit a psychiatrist or psychotherapist they do not mention it to their families as many still consider it as a taboo. Keeping this view in mind, the experts believe that although it is of substantial importance to involve family in the assessment and progress of the client, sometimes they exclusively have to depend on the client's self report for his evaluation outside the therapy room.

"We try to take a collective feedback from the family."

As majority therapists believe that it is valuable for them to collect feedback from the family as to how the client is progressing outside the therapy room, some also prefer evaluating only the client. They claim that a client's feedback is far more accurate and the issues can be resolved without involving the client's family or friends.

4.7 Training and Supervision

Trained psychologists and supervised training is a part of every accomplished therapeutic program. According to our participants Pakistan is still not fully following the standard supervision practices regarding the cases or the teaching programs. Talking to the experts on this matter revealed that the absence of trained supervisors and clinicians in hospital settings and teaching institutions may be a reason for this. One of the participants who had received training in United States implied that the training programs are not up to the standard that they should be. There is a lack of supervision in such training facilities as the new emerging therapists also require some feedback and help from the upper level.

"Abroad was much better then Pakistan because the therapist gets a lot of support and supervision. There is an infrastructure that supports you and helps and trains you which makes it easy for you to help others."

Some of the experts of the study also claim that their institutions have a good training system but apart from that they do believe that Pakistan needs a lot of work in the psychotherapy training department. One of them claimed that in Pakistan, apart from their own institution, there are only two other paradigms, either psychiatry that uses just medication to treat the patients and for them psychotherapy or counseling is of secondary value or not important at all.

As some institutions of Pakistan do teach psychology and psychotherapies, the experts are of the view that to teach young emerging therapists only trained clinicians must be appointed. The main issue in most teaching institutions in Pakistan is that the professors who are educating students about psychotherapies only do so theoretically and they themselves lack experience in the practical field. The students should be taught how to handle cases, converse with a client and most importantly how to apply different forms of psychotherapeutic interventions. For this purpose only trained clinicians who have experience in the clinical settings must be hired.

There is also a lack of properly trained and specialized therapists who are currently working in the clinical settings. These therapists are not properly facilitated with tests and equipments required for therapies and assessments. Apart from training in psychology in programs and diplomas the experts also presume that there is an essential need of sensitivity training for the psychiatrists, psychologists and even doctors of Pakistan. Having worked in England for almost over seven years, one of the participants points out the ethical issues of insensitivity in our medical professionals. Seeing how patients of breast cancer were being treated as a subject sample for training purpose, the expert expresses disgust on the ways that the patient's privacy was being breached.

"The whole ethical dimension is missing over here in Pakistan because there is not enough emphasis on ethics here. We need to do some sensitivity training for doctors and psychologists here in Pakistan".

4.8 Peer Supervision in case discussion

When inquired about the discussion of a client's case with another colleague or supervisor and its

importance, the experts reported that it is a good practice to go through a client's case scenario with another expert on the subject or a supervisor but of course while maintaining strict confidentiality of the client's identity. All the participants agreed on exploring a client's case with another colleague for it helps in giving the therapist a broader view of the client's problems and vast amount of ideas for resolving the issues. It gives them another perspective which they might have missed earlier. They also claim the colleagues coming up with angles they might have previously missed.

Talking specifically about private organizations, the practice of discussing cases with supervisors and colleagues is a common practice as it helps with client's situation and allows them to make a better treatment plan.

While case discussion with people around them of the same field is considered a vital part of therapeutic expertise, some experts also state that although there is no harm debating on a client's case with another colleague, it is important that the therapist must be careful not to reveal too much information about the client as it is a small world of psychotherapy and the other therapist might get an idea of the client's identity.

4.9 Homework

The participants of the study voted in favor of both the statements that homework is important and that homework is not at all necessary. Both statements are almost equally agreed upon as some suggest that doing homework shows commitment of the client to the therapy while others state that it is crucial that all the major work should be done in the therapy room in front of the therapist rather than at home.

Some experts are of the view that although homework is significant, they do claim that the clients don't do much homework at home so they omit the idea of giving exercises for home altogether as they consider it of no use if the client is not willing.

"Homework is not very important. It basically shows their commitment to therapy but unfortunately they do not do the homework they are given. And because they don't do it so I don't give them much homework."

A few therapists do believe that some of the therapies might require some work at home for quick progress but the main idea is that only the task in the session works better.

In comparison to psychotherapeutic interventions outside the country, the study revealed that people in Pakistan are more committed in completing the task given for home than the clients abroad who do not take the homework given by the therapist seriously.

4.10 Cultural Barriers in Psychotherapy

Culture is the identity and the individuality of any nation. When the languages, beliefs, traditions and familial influences become hurdles and obstacles to the individuals achieving their goals and dreams, they become cultural barriers. Psychotherapeutic interventions in Pakistan have to face numerous amounts of cultural hurdles. Talking to the experts of the study disclosed a variety of cultural barriers that they face in their everyday practice of therapies.

Working as a family therapist, one of the participants has faced major obstacles while treating couples. These hurdles are mostly from the family members at home. In Pakistan there is still a great tradition of joint family system where the couple lives with the husband's parents, his brothers and their families as well. When the therapist suggests the couple that is having issues between them to take some time out alone for themselves, the family at home causes trouble as they have a constant habit of interfering in the couple's private affairs.

Many of the other cultural issues that the participants have to face are the different subcultures in the country. There are numerous classes in Pakistan. One of the experts states having a variety of patients from all the classes of the country. Some client's who are extremely religious and conservative are sometimes difficult to treat.

"If I have a patient who wears an "abaya" she would immediately form an opinion about me for not covering my head or so. I had a male patient who was very conservative and refused to even look at me during the entire session because of his belief that looking at a woman is a sin, so I had to refer him off to a male psychologist."

People in Pakistan, as mentioned earlier, believe that it is a dishonor for the family if other people find out about the issues going on within the family. Parents teach their children to keep all their troubles suppressed within themselves so the society doesn't know what they are going through.

"I think people still hold back. I think ego defenses are the reason because people over here are actively taught not to undermine themselves publically, not to talk about their problems."

4.11 Indigenous Approaches

A research conducted by Richards and Bergin (1997) with the help of many co relational studies concluded that meditation is a spiritual intervention or tool which can be utilized to enhance the outcome of psychotherapeutic interventions, also to increase the therapist's mental well-being and bring to surface the conflicts of the client and resolve them.

One of the most interesting developments of this study about the evaluation of psychotherapy practice in Pakistan is the mediation or spiritual intervention angle in psychotherapies.

Talking about spiritual interventions, many studies have been conducted on the meditation that the therapists apply as a catalyst for their treatment along with other therapies. One of the experts of the study claims to use religious mediation singularly for treatment purpose. She believes in using "Dhikr" as the ultimate source of mental healing for the clients.

The participant shares a few stories of some clients, maintaining confidentiality, on whom she has used spiritual interventions and who have benefited from it.

Interviewing this participant the study revealed that not only famous therapeutic interventions like Cognitive Behavior Therapy (CBT), Rational Emotive Behavior Therapy (REBT), hypnotherapy or any other intervention can produce successful outcomes but also spiritual mediation or intervention can provide better mental healing and positive outcomes. Spiritual meditation works with a number of disorders like Obsessive Compulsive Disorder (OCD), Eating Disorders, Depression, suicidal patients and many more.

"I have always seen a change and better outcome in patients to whom I suggest using "Dhikr"."

The participant claims that spiritual meditation always works and has provided satisfying results whenever used. She also mentions the name of another therapist in Mayo Hospital, Lahore who works with spiritual interventions as well. She suggests reciting "Dhikr" not only to her clients but she is also of the view that all people in everyday normal life should make a habit of performing "Dhikr" at least twice a day for a content and peaceful life.

4.12 Practice of Psychotherapy; Pakistan vs. Abroad

The study asked the participants to shed some light on the differences they found while practicing abroad and in Pakistan both. As only two of the experts have had the experience of working both in Pakistan and abroad, the comparative data might be a little limited.

Asking about their work experience in Pakistan and England, one the experts reported a huge difference in the work pace of the two countries. He was of the view that work schedule is much more hectic abroad and the life is very fast.

"Working in Pakistan is very different then working abroad. For starters I like the working pace in Pakistan which is slower. I'm that kind of a person who doesn't like a very hectic schedule like it is abroad which I think it is responsible for many mental illnesses."

Talking about their experience in Pakistan, some experts state that it lacks proper supervision and support as discussed earlier. They are also of the view that is there is so much ruthless competition and political agendas with in small therapeutic organization in Pakistan that it becomes difficult for therapists to excel.

There is lack of trained professionals in the country. Both of the experts who have worked abroad report the absence of properly trained family therapists in Pakistan which is one of the major requirements now days.

Another major difference in psychotherapy practice in Pakistan and abroad is that the patients come in at the very last moment when the mental dysfunction has already damaged majority of their sanity. They visit the therapist as the last resort.

5. Conclusion

The study concludes that psychotherapy practice in Pakistan is in evolving process and it is important to enhance training and supervision on major levels especially in government organizations. There is also a lack of trained professionals for performing therapies. Outcome assessment tools are very much compromised in all hospital settings and the professional who have worked in foreign countries stated that psychotherapy training and practice in Western countries is far better in comparison to Pakistan. The study also revealed that the personality of therapist, client's willingness and motivation to engage in therapy and client-therapist relation are the key factors for the success and failure of any therapeutic intervention and that self-report and informal assessment techniques provide better results.

Various cultural factors such as joint family systems, being taught not to undermine oneself and been sworn to secrecy about one's mental condition, overpowering women, and some other factors cause major hindrance in the therapy. Religious mediations are also a part of therapeutic practice in Pakistan and are said to provide better results and outcomes when used on clients in combination to classic psychotherapies such as CBT, REBT etc. This study is among the few that have explored the professional practice of psychotherapeutics intervention on ground reality and provides a framework for developing quality enhancement suggestions in the mental health sector and conveying them to relevant authorities like Pakistan Health Commission, Higher Education Commission of Pakistan, Pakistan Council of Clinical Psychologists, teaching institutions and Pakistan Psychological Association.

6. Recommendations

The study put forth the following recommendations:

- Supervised training facilities must be established for the guidance and education of adequate Clinical Psychologists including ethical training as well.

- Awareness regarding mental health treatment must be spread via electronic and other forms of media to approach all population. Camps and seminars must be held to dispel myths regarding mental health and its treatment.
- Formal outcome assessment measures must be provided in all government mental health institutions.
- Universities should focus on placements and on field training too.

7. Limitations & Suggestions

For the present study, experts from only two cities of Pakistan, Lahore and Karachi were selected due to their availability. For the study to be generalized it is suggested that for future researches, professional from other cities also be selected.

The interviews were only auto-taped during the sessions with the experts for later assessment, so it is recommended to have a written draft of the interview as well to avoid any mishap to the audio-recording.

The study included a questionnaire for the experts about their point of view on the therapy practice in the country. For better research results, client's point of view on the therapy receiving end can also be included. This would give the study the client's perspective about how well the therapies are working in Pakistan.

This study explores various types of psychotherapeutic approaches used by professionals to treat the clients. An experimental study can be added for future researches to find out about the better working approach in psychotherapy.

There are near to zero studies on the religious meditation and spiritual interventions being used in Pakistan. There is need to conduct a qualitative research on the subject and question the respected professionals about the pros and cons of the intervention. An experimental study can also be conducted for future researches.

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References

- Ahmad, F., Driver, N., McNally, M. J., & Stewart, D. E. (2009). "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women. *Social science & medicine*, 69(4), 613-622
- American Psychological Association. (2016). Understanding Psychotherapy and How it works. Retrieved from <https://www.apa.org/helpcenter/understanding-psychotherapy>
- Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: historical excursus, measurements, and prospects for research. *Frontiers in psychology*, 2, 270.
- Choudhry, F. R., Mani, V., Ming, L. C., & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric disease and treatment*, 12, 2807.
- Chisholm, D., James, S., Sekar, K., Kumar, K. K., Murthy, R. S., Saeed, K., & Mubbashar, M. (2000). Integration of mental health care into primary care: Demonstration cost-outcome study in India and Pakistan. *The British Journal of Psychiatry*, 176(6), 581-588
- Gionta, D. (2008). The Stigma of Therapy. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/ca/blog/occupational-hazards/200806/the-stigma-therapy>
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48(1), 9.
- Khalily, M. T. (2011). Mental health problems in Pakistani society as a consequence of violence and trauma: a case for better integration of care. *International journal of integrated care*, 11.
- Murray, B. (2002). Psychology takes a tenuous hold in Pakistan. *Monitor on psychology*, 33(5), 45-47.
- Naeem, F., Ayub, M., Kingdon, D., & Gobbi, M. (2012). Views of depressed patients in Pakistan concerning their illness, its causes, and treatments. *Qualitative Health Research*, 22(8), 1083-1093.
- Nordal, K. C. (2012). Outcomes measurement benefits psychology. *Monitor on Psychology*, 43, 51.
- Sohail, S. A., Syed, A. A., & Rahman, A. (2017). Mental Health in Pakistan: Yesterday, Today and Tomorrow. In *Mental Health in Asia and the Pacific* (pp. 17-37). Springer, Boston, MA.
- Sethna, R., Masood, T. & Jahangir, R. (2018). Special report: Sexual harassment in workplaces in Pakistan . Dawn. Retrieved from <https://www.dawn.com/news/1395215>
- Shah, R. (2017). Neglected Subject. Dawn. Retrieved from <https://www.dawn.com/news/1336408>
- Shannon, P. J., Wieling, E., Simmelink-McCleary, J., & Becher, E. (2015). Beyond stigma: Barriers to discussing mental health in refugee populations. *Journal of Loss and Trauma*, 20(3), 281-296.
- SIbtain, M. (2013). Are we ready for Psychotherapy? The Express Tribune. Retrieved from <https://tribune.com.pk/story/625182/are-we-ready-for-psychotherapy/>
- Suryani, S. (2013). Salat and Dhikr to Dispel Voices: The Experience of Indonesian Muslim with Chronic Mental Illness. *Malaysian Journal of Psychiatry*, 22(1).
- Von Bredow, A. (2017). Outcome Measures in Patient Care. American Physical Therapy Association. Retrieved from <http://www.apta.org/OutcomeMeasures/>
- Walsh, R., & Shapiro, S. L. (2006). The meeting of meditative disciplines and Western psychology: a mutually enriching dialogue. *American psychologist*, 61(3), 227.